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*Facilitators:*

*Monica Holman Evans, Program Counsel  
Althea J. Hayward, Program Analyst,  
Office of Program Performance, Legal Services Corporation  
3333 K Street, NW, Washington, DC 20007*

*Jan Allen May, Director, AARP Legal Counsel for the Elderly  
601 E Street. NW. Washington, DC 20049*

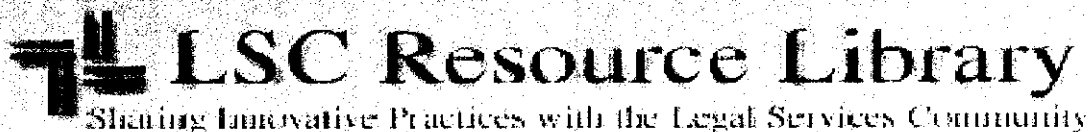
*Patti Pap, Executive Director, Management Information Exchange  
99 Chauncy Street, Suite 402, Boston, MA 02111*





[www.aarp.org/lce](http://www.aarp.org/lce)

AARP Legal Counsel for the Elderly is the primary provider of legal services to older residents of the District of Columbia and develops innovative methods of providing free and low-cost legal and advocacy services.



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# Innovations in Civil Legal Services

Thursday, November 9, 2006

3:30 p.m. to 5:00 p.m.

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# Innovations in Civil Legal Services

Thursday, November 9, 2006

3:30 p.m. to 5:00 p.m.

## Agenda

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- 3:30 p.m. – 3:35 p.m.      **Introduction by Patricia Pap, Jan Allen May, & Monica Holman Evans**
- 3:35 p.m. – 3:45 p.m.      **Joan Howard, Chief Counsel, Civil Division  
Legal Aid and Defender Association, Inc.  
645 Griswold, Suite 3466  
Detroit, Michigan 48226  
Phone: 313-965-9419  
Fax: 313-965-9694  
[jhoward@ladadetroit.org](mailto:jhoward@ladadetroit.org)  
Presentation: LAD Management Institute**
- 3:45p.m. – 3:55 p.m.      **Sara E. Strattan  
Executive Director  
Community Legal Aid Society  
265 South Main Street, 3<sup>rd</sup> Floor  
Akron, Ohio 44308  
Phone: (330) 535-4191  
Fax: (330) 535-0728  
[sstratton@communitylegalaid.org](mailto:sstratton@communitylegalaid.org)  
Presentation: Municipal Court Project  
Municipal Court Practice – Housing/Consumer**
- 3:55 p.m. – 4:05 p.m.      **Sara E. Strattan  
Executive Director  
Community Legal Aid Society  
265 South Main Street, 3<sup>rd</sup> Floor  
Akron, Ohio 44308  
Phone: (330) 535-4191  
Fax: (330) 535-0728  
[sstratton@communitylegalaid.org](mailto:ssratton@communitylegalaid.org)  
Presentation: Custody Clinic Project  
Family Law – Change of Custody**

4:05 p.m. – 4:15 p.m.

**Richard A. Cullison**

**Legal Aid of the Bluegrass**

302 Greenup Street

Covington, Kentucky 41011

Phone: 859-431-8200 x 230

Fax: 859-431-3009

[rcullison@LABLaw.org](mailto:rcullison@LABLaw.org)

**Presentation: Implementing an Immigration Law program for victims of domestic violence or serious crimes in a legal services program – Immigration Law under VAWA**

4:15 p.m. – 4:25 p.m.

**David Pifer**

**Legal Action of Wisconsin, Inc.**

230 W. Wells, Suite 800

Milwaukee, Wisconsin 53203

Phone: 414-278-7722 x 3039

Fax: 414-278-5853

[dap@legalaction.org](mailto:dap@legalaction.org)

**Presentation: LIFE (Legal Intervention For Employment) – Legal representation on barriers to employment, including driver's license restoration, criminal record issues, eviction, and non-custodial parent child support problems.**

4:25 p.m. – 4:35 p.m.

**Kathleen Flaherty, Staff Attorney**

**Statewide Legal Services of Connecticut, Inc.**

425 Main Street, 4<sup>th</sup> Floor

Middleton, Connecticut 06457

Phone: 860-344-8096

Fax: 860-344-1918

[kflaherty@ghla.org](mailto:kflaherty@ghla.org)

**Presentation: Utility Day – Consumer and/or Pro Bono**

4:35 p.m. – 4:45 p.m.

**Karen Roehl**

**Legal Action of Wisconsin – Oshkosh Office**

Phone 920-233-6521

[ksr@legalaction.org](mailto:ksr@legalaction.org)

**Presentation: Prisoners' Disability Project**

### **Innovation Description**

Program Name:       **LEGAL AID & DEFENDER ASSOCIATION**

Address:               **645 Griswold, Suite 3466, Detroit, MI 48226**

Phone:                 **(313) 965-9419**

Fax:                    **(313) 965-9694**

Email:                  **dweir@ladadetroit.org**

Program Director:    **Deierdre L. Weir**

Contact Person:       **Deierdre L. Weir**

Subject Area:         **Management and Leadership Development**

Project Title:         **Legal Aid & Defender Management Institute**

#### **A. Challenge:**

- Need for team building amongst management group
- Increase exposure of management staff to management, leadership and supervisory concepts
- Increase staff's exposure to management and leadership concepts from a variety of external experts and professionals
- Infuse the organizational culture with up to date standards and increase knowledge base around the areas of management and leadership.

#### **B. Innovation:**

LAD developed its own *"Management Institute"* which involved the use of internal and external management experts and professionals to implement a curriculum designed to provide participants with skills necessary for

success as managers. Participation in the Institute is require for all persons seeking or holding management or supervisory responsibility.

**C. Result:**

The project is in its second year, and the level of individual professional development and program accomplishment is extraordinary. Staff morale is high; managers are trained in leadership and supervisory skills; and, the program is now implementing another phase of the institute agenda - - a mentoring program.

**D. Replication:**

This project is replicable, and can be tailored to suit any size legal services program.

**E. Materials Available:**

*"Creating a Management Institute: Better Managers will Mean Better Service"* by Deierdre L. Weir, Executive Director, Legal Aid & Defender Association, Management Information Exchange, Winter,



## Creating a Management Institute: Better Managers Will Mean Better Service

*By Deierdre L. Weir, Executive Director<sup>1</sup>  
Legal Aid and Defender Association*

Most legal services organizations have a group of attorneys who in addition to serving clients, help to run the organization as managers. We devote significant resources to the development of legal skills in these attorney-managers because we want our clients to have the best legal service possible. But when it comes to developing their management and leadership skills, they are usually on their own.

Many legal services executives say that money and time are precious resources that must be used only for direct legal services, not on frills like management training. But they fail to realize that excellence in management will lead to excellence in the delivery of legal services.

### Lawyers Are Not Managers

A typical legal services manager joins the organization as an attorney or in a support staff position such as paralegal or legal secretary. She or he shows leadership or organizational skills, and thus moves up the ladder into a management position. But the new manager has little or no prior academic or professional education to prepare her for her new job, and generally receives none from the organization.

Legal services executives operate under the assumption that because of the employee's exemplary performance in other areas, she will make a good manager. We mistakenly conclude that the manager will learn all that is needed from on-the-job training, mentoring and coaching from peers. It is only later that we learn, "A good lawyer, secretary or paralegal does not necessarily a good manager make!"

### The Budget Pie

Most of us do recognize the need for systematic management training. We have all seen the negative

impact that a poorly trained or motivated manager can have on the health of the organization. And we recognize that good management leads to good service. Why then does this problem persist? I believe a big part of the problem can be attributed to working with the "budget pie."

We have limited program resources, and those resources are becoming scarcer with every budget cycle. So when we look at the budget pie, we are forced to prioritize the things that we would like or need to do. It is only after we have allocated pieces of the pie to pay our bills, and provide decent salaries for staff, that we see whether any pie is left for management training. Unfortunately, when it comes to budgeting for management and leadership training, the finance director usually has to push the delete key.

To be sure, some legal services programs do provide management and leadership training. But I dare say that not many of us have developed a systemic long-term strategy for management and leadership training.

The Legal Aid and Defender Association, Inc. (LAD) first addressed this challenge in 2003. With 185 employees, sizable budget, and diverse service delivery system that includes state and federal criminal defense as well as civil legal services, we knew that organizational management was a critical component to our success.

LAD is organized into three Law Groups — civil, criminal and juvenile. LAD has thirty-nine management level positions in the three Law Groups. Those positions include executive staff, lawyers, paraprofessionals, and office managers — all with varying degrees of responsibility in managing people and operations. We refer to these thirty-nine managers as the Management Group.

We concluded that we were not doing enough to develop or improve our managers' ability to manage or



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lead. A management performance gap was impacting productivity and service delivery. Just as important, we wanted to create a learning organization that provided managers access to the resources and institutional knowledge needed to do a better job. We came to realize that managers and leaders are not always born, nor should they be self-taught. They must be developed through a commitment to ongoing, planned, and systematic management and leadership development.

### Management Institute

That is why in January 2004, Legal Aid and Defender launched its Management Institute — an in-house training and development initiative for managers. The institute's first year included nine half-day sessions conducted in our own education center, culminating with an overnight management conference in a retreat setting. This year's curriculum includes seven half-day sessions and will also conclude with an overnight management conference.

Based on course evaluations and feedback so far, the managers enjoy the sessions and feel that they are learning management skills and techniques, as well as developing critical thinking skills to help solve problems. I will discuss the curriculum in more detail below.

The Management Institute's mission statement is "to develop the highest quality management and leadership team within the organization that will ultimately provide the highest quality service delivery to clients and the community."

We developed Institute goals, objectives, structure, content, and cost. The goal of the Institute is to bring skills, knowledge, and experience to current managers so that they can succeed in their roles as managers and leaders. The Institute objectives included:

1. Expose the Management Group to state-of-the-art management and leadership theory, concepts, and tools presented by external experts and professionals.
2. Apply basic tools and concepts learned in the Management Institute in the LAD workplace.
3. Develop a sense of team spirit and camaraderie within the Management Group. Reinforce to members of the Management Group that they lead the organization and can influence change.
4. Share new and existing learning experiences and merge them into the organization's culture.

In the design of the Management Institute, we relied heavily on consultants we have used in the past. Creating an in-house training institute is not a new idea. Our primary consultant had designed and implemented in-house training programs for such clients as Blue Cross Blue Shield of Michigan and automotive companies. I know that the use of consultants sounds expensive, but keep in mind that you are putting in place a program that in the long run will save you direct training dollars, as well as pay dividends through better management.

### Cost Effective

For example, our first two years of the Management Institute will cost Legal Aid and Defender about \$1800 per manager for 16 courses, including the cost of instructors and facilitators, course material, two overnight conferences and one live broadcast seminar for 39 managers. Compare this to the typical cost of sending staff to out-of-town management seminars, and it is clearly a bargain.

### Using Technology

We are also fortunate to have an internal state-of-the-art conference center that includes videoconferencing and computer training technology. This technology has allowed us to "bring" national experts to the Management Institute at a fraction of the cost of actually having someone come to us in person. A teleconference or webinar can cost several thousand dollars. But when spread over a group of 39 managers, or perhaps among several small legal services programs, the cost can be very affordable. We used Linkage Incorporated ([www.linkageinc.com](http://www.linkageinc.com)) for our session.

The Management Institute combines in-class instruction, interactive one-on-one and small group sessions, online instruction, and light assignments. The structure is implemented around the following components:

1. Each course involves classroom instruction from a trained facilitator and professional in the field.
2. Each course is delivered twice on the same day in two half-day sessions (to ensure participation of all managers).
3. Each faculty member (individual consultants) is coached and receives organizational and curriculum orientation.
4. Students are required to complete reading or short writing assignments.

5. Students receive take-home books from some courses.
6. Each course includes the use of visual aids, hand-outs, role-playing, engaging discussions, and course evaluation. They are not lectures.
7. Actual LAD experiences, processes, and procedures are used to supplement 'real world' experiences.

### Curriculum

A management survey was circulated to seek the managers' input regarding the subjects or topics that they felt were needed to develop their management and leadership skills. The result was program workshops or sessions that evolved around four broad management areas: management, marketing, human resources, and organizational development.

Year One (freshman) of the Management Institute started with all managers taking the Myers-Briggs Type Indicator® "test" to determine each individual's personality type. The session was facilitated by a MBTI-trained administrator. She identified and discussed different personality types and how they determine management styles and interaction in the workplace. The Myers-Briggs has become a touchstone that other facilitators have used in the ensuing sessions to talk about management styles and how managers deal with employees.

The remaining Year One curriculum includes:

- ❑ *Management 102 — Applied Management.* This session examines the tools of management for everyday application, including goal-setting, time management, and problem solving.
- ❑ *Management 103 — Managing People.* The topics of employee motivation, working with employee strengths and weaknesses, dealing with difficult employees, and conflict resolution are addressed.
- ❑ *Management 104 — Technology in Today's Workplace.* The session explores the role of technology in an organization.
- ❑ *Human Resources 101.* Outside legal counsel leads a discussion of employment laws relating to sexual harassment, interviewing, discipline, discrimination, and other legal considerations in the workplace.
- ❑ *Management 105 — Cultural Competency.* Examined diversity in today's workplace, and how managers should lead a diverse workforce.
- ❑ *Management 201 — Strategic Planning.* Explores

the organization's vision and mission, and management's role in strategic planning.

- ❑ *Management 202. Organizational Development.* Examines organizational culture, change management, and understanding an organization.
- ❑ *Leadership Conference. Toolin' Up for Management.* Conference focuses on various management tools such as Gantt charts, flow charts, short-term planning, "fishboning."

Year Two curriculum includes:

- ❑ *Management 203. Creating a New Vision for the Organization.* Discussions and exercises around a variety of organizational issues to create a new vision and mission statement for LAD. This session kicked off the process of drafting a vision statement for the organization using volunteers from the management team. A local corporation executive on strategic planning ran the session.
- ❑ *Management 204. Mentoring and Coaching.* This session has probably generated the most angst among the Management Group. The session is formally about learning how to share the wealth of intellectual capital and knowledge that exists within the Management Group and putting into place a mentoring-coaching system. The system is a reflection of executive management's belief that managers and leaders have a responsibility to create and develop new managers and leaders. The session pre-launches an ongoing internal mentor program that will begin January 2006.
- ❑ *Management 205. Emotionally Intelligent Leadership.* An exciting session that allowed us to take advantage of our in-house videoconferencing capabilities. In our first interactive webinar, leadership guru Daniel Goleman made his case for the "emotionally intelligent" leader. A certified emotional intelligence consultant facilitated the session.
- ❑ *Management 206. Time Management.* A time management expert shows managers how to make the best use of time in the everyday organizational environment, and provides real-world methods of making the most of time.
- ❑ *Organizational Marketing 101.* Managers see how they fit into the organization's internal and external marketing strategy and how it can help them
- ❑ *Management 207. Management Problem-Solving.* The managers move from the theoretical to the

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practical. They identify actual organizational challenges and work as teams to solve them. The workplace scenarios are used to learn problem solving skills and change management skills.

- *Leadership Conference.* Keynote speaker will be attorney Ida Abbott, author of "The Lawyer's Guide to Mentoring" as a lead-in to new mentoring program. Management Group also will discuss new organization vision statement.

### Looking Ahead

We are planning the institute's third and fourth years. While nothing is cast in stone, we are looking at fewer classroom sessions and more independent team work. Teams will select real problems that our organization is facing and develop real solutions that will be implemented. One important aspect to the team work is that teams will be composed of individuals from different Law Groups — yes, criminal lawyers and civil lawyers will actually work together — to create a closer-knit Management Group as well as increase the sharing of institutional experience and knowledge. Also, the mentoring program will kickoff next year and that will take considerable time and effort. Wherever possible, the manager-mentors will mentor staff members from Law Groups other than their own.

We will probably continue to bring in national speakers on leadership and management via teleconferencing. In keeping with the Institute's (somewhat humorous) academic motif, we are thinking of having each manager selecting a "directed study" — choose a project or problem to work on and present the findings or solution to the entire Management Group. These are just some of the ideas we are considering for the next two years, and others will emerge as we move forward.

### Why Do It?

Nothing is worth the doing if there are no tangible benefits. We are convinced that the Management Institute benefits the organization — thus our clients — in several ways. First, it is breaking down the silos between the Law Groups, creating a more horizontal, open organization where information and knowledge flow more freely. Second, the Management Institute sends a message to the managers that they are important, that we value their work and want to help them grow. Third, the managers are bonding, their morale has improved,

and they see themselves developing as leaders who can influence the organization.

### Commitment and Belief

I believe that any legal services program with a management group, regardless of its size and budget, can design and implement a management training program that will benefit the organization in a cost effective manner. In order for such a program to succeed it must have the firm commitment and enthusiastic support of the chief executive. *Do not hesitate to invest the money to retain the services of the best training consultant you can afford.* Design a program that is at least one year in duration with specific dates that your managers can schedule up front. Make sure that there are rewards for participation and that managers know that executive leadership is following their progress. Show your managers that you are committed and in this for the long haul.

There will be resistance. Most of your managers are probably attorneys and they will tell you that they are too busy, their caseload is too heavy, to spend time improving their management skills. My answer is that attorneys always seem to find the time to do things that *they* want to do, things important to them. Make them see that management training is good for the organization. And good for them.

1 Deirdre L. Weir is the Executive Director of the Legal Aid and Defender Association, Inc. (LAD) in Detroit, Michigan. Appointed Executive Director in 1984, Deirdre is part of a small, but growing number of non-lawyer legal services program executive directors. Deirdre's academic and professional background is in education, management and human resources. She holds a B.A. from the University of Michigan, and Master's degrees from the University of California and Central Michigan University. She is currently an adjunct instructor at the University of Phoenix, teaching undergraduate and graduate level management courses.

LAD was established by the local bar association in 1909. The organization is one of the oldest legal services program in the country, and is the largest and oldest program in Michigan. LAD provides legal services in the non-appointive civil areas to indigents and senior citizens, and represents individuals in criminal or civil matters when appointed by federal, state, or local courts. The law firm has four operating law groups; Civil, Juvenile, and Criminal-State Defender and Criminal-Federal Defender. There is also an administrative services office. The firm has 185 employees, and an operating budget of \$19.5 million.



### **Innovation Description**

Program Name: Community Legal Aid  
Address: 265 South Main Street, 3<sup>rd</sup> Floor, Akron, OH 44308  
Phone: 1.330.535.4191  
Fax: 1.330.535.0728  
Email: sstrattan@communitylegalaid.org  
Program Director: Sara E. Strattan  
Contact Person: Sara E. Strattan

Subject Area: Municipal Court practice – housing / consumer

Project Title: Municipal Court Project

- A. Problem: We cannot provide individual representation to the vast majority of low income people with cases before municipal courts in our service area.
- B. Innovation:
1. Development of survey instrument to determine major issues facing unrepresented clients in municipal courts.
  2. Utilization of law students to conduct surveys and assist in analysis of results.
- C. Result: Identification of practice issues facing unrepresented litigants in municipal courts.
- D. Replication:
- E. Materials Available: Survey questions  
Result grid



### **Innovation Description**

Program Name: Community Legal Aid  
Address: 265 South Main Street, 3<sup>rd</sup> Floor, Akron, OH 44308  
Phone: 1.330.535.4191  
Fax: 1.330.535.0728  
Email: [ssstrattan@communitylegalaid.org](mailto:ssstrattan@communitylegalaid.org)  
Program Director: Sara E. Strattan  
Contact Person: Sara E. Strattan

Subject Area: Family Law – change of custody

Project Title: Custody Clinics

- A. Problem: Individual representation proved to be an inefficient method of handling routine, simple changes of custody which were often time-sensitive.
- B. Innovation:
1. Use of power point presentation in clinic setting
  2. Inclusion of Child Support Enforcement Agency in clinic collaboration
- C. Result: Efficient method of preparing agreed and likely-to-default custody cases with child support orders. Clinics can be run by staff or volunteers.
- D. Replication: In process throughout our service area.
- E. Materials Available: Power point presentation  
Documents

## **Innovation Description**

Program Name: Legal Aid of the Bluegrass

Address: 302 Greenup St., Covington, KY 41011

Phone: (859) 431-8200 ext. 230

Fax: (859) 431-3009

Email: rcullison@LABLaw.org

Program Director: Richard A. Cullison

Contact Person: Richard A. Cullison

Subject Area: Immigration Law under VAWA

Project Title: Implementing an Immigration Law program for victims of domestic violence or serious crimes in a Legal Services Program

- A. Problem: In 2001, LABG rarely served immigrants in any capacity. It had only one Spanish speaking attorney in its program
- B. Innovation: With the assistance of a bilingual immigration attorney funded by NAPIL (now Equal Justice Works), LABG began a domestic violence project for immigrant victims of domestic violence which assisted the victims with their family law and immigration law needs.
- C. Result: When the NAPIL grant expired, LABG secured VAWA LAV funding to continue and expand the project. LABG now has two attorneys and a paralegal, all of whom speak Spanish dedicated to the project. 5% of its clients in its Lexington office are immigrant victims of crime or domestic violence.
- D. Replication: LABG introduced this project in its Covington office, and then replicated it in its Lexington office. Any LSC program could replicate with a modest investment in personnel.
- E. Materials Available: See the conference materials. Other material such as a manual on this type of immigration law is available upon request.



## **LEGAL AID OF THE BLUEGRASS**

(NORTHERN KENTUCKY LEGAL AID SOCIETY, INC.)

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**ADMINISTRATIVE OFFICE:**

302 GREENUP STREET  
COVINGTON, KENTUCKY 41011  
ph: 859-431-8200  
fax: 859-431-3009  
1-800-888-8189

# **Implementing a Domestic Violence/Immigration Project in an LSC Program**

**Richard A. Cullison  
Executive Director  
Legal Aid of the Bluegrass  
302 Greenup Street  
Covington, Kentucky 41011  
859-431-8200, Ext. 230  
[rcullison@lablaw.org](mailto:rcullison@lablaw.org)**



**VAWA**

**2005 Expansion of  
Kennedy Amendment**





1140 Connecticut Avenue NW, Suite 900  
Washington, DC 20036  
T: 202.452.0620  
F: 202.873.1031  
www.nlada.org

## **CLASP REGULATORY – POLICY MEMORANDUM 2006-1**

**TO: NLADA Subscribers**

**FROM: Linda E. Perle<sup>1</sup>**

**DATE: January 17, 2006**

**RE: Kennedy Amendment Revisions**

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On December 17, 2005, Congress enacted the new Justice Department (DOJ) reauthorization that governs spending through 2009. As part of the DOJ reauthorization, Congress also reauthorized the Violence Against Women Act (VAWA) (PL 103-322). The President signed the bill on January 5, 2006.

Section 104 of the VAWA Reauthorization is entitled "Ensuring Crime Victim Access to Legal Services." The provision greatly expands the reach of the Kennedy Amendment to the Legal Services Corporation (LSC) appropriations act by allowing LSC recipients to use both LSC and non-LSC funds to provide legal assistance to all victims of domestic violence, sexual assault, and trafficking regardless of their immigration status. Additionally, LSC funded programs can now offer the same assistance to victims of other criminal activity listed in section 101(a)(15) of the Immigration and Nationality Act.

The Kennedy Amendment (§503(a)(2)(C) and §503(b) of P.L. No. 105-119) was originally adopted in 1997 and limited the application of the LSC entity restriction on legal assistance to aliens. The original Kennedy Amendment permitted LSC recipients to use only non-LSC funds to provide legal assistance to otherwise ineligible aliens who were victims of domestic violence perpetrated by their spouses or by a parent or by a member of the spouse's or parent's family or whose child was a victim of such abuse. Under the original Kennedy Amendment LSC recipients were not permitted to provide assistance to domestic violence victims who were not married to their abusers, although otherwise ineligible aliens could receive legal services when their children were victims

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<sup>1</sup> I want to acknowledge the substantial assistance of Leslye Orloff, Associate Vice President and Director of the Immigrant Women Program, Legal Momentum in developing this memorandum.

of abuse.<sup>2</sup> Citizenship or alien status of the abuser was not a factor in determining whether assistance could be provided.

Under the original Kennedy Amendment recipients were permitted to provide any legal assistance that was directly related to the domestic abuse. In its regulations implementing the alien restriction, LSC interpreted this provision broadly, permitting recipients to provide any legal assistance "that [would] assist victims in their escape from the abusive situation, ameliorate the current effects of the abuse or protect against future abuse." (45 CFR 1626.2(g)).

Section 104 of the Violence Against Women Act of 2005 (the "Durbin Amendment") became law and went into effect on January 5, 2006.<sup>3</sup> This new law permits LSC recipients to use both LSC and non-LSC funds to provide legal assistance to otherwise ineligible aliens who are victims of domestic violence as well as those who are victims of sexual assault, trafficking<sup>4</sup> and other criminal activity covered by VAWA,<sup>5</sup> without regard to their immigration or marital status. Otherwise ineligible aliens can also receive legal services when their children have been victimized.<sup>6</sup> Under the new statute, recipients may provide victims any legal assistance that is related to overcoming the victimization. Although LSC has not yet issued any guidance regarding its interpretation of the provision, we anticipate that it will also broadly interpret "related legal assistance" to permit recipients to assist aliens to escape from their circumstances as victims, to ameliorate the current effects of their victimization or to protect against future victimization.

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<sup>2</sup> When the domestic violence victim is the child of the alien, the alien parent could access legal services assistance without regard to the immigration status of their victimized child.

<sup>3</sup> The entire VAWA Reauthorization bill was effective upon enactment, unless otherwise specified. There are several unrelated immigration provisions in the bill that are explicitly designated as retroactive and a few other unrelated provisions that take effect in 30, 60 or 90 days, but everything else in the bill, including the Durbin Amendment to the Kennedy Amendment are effective as of January 5, 2006.

<sup>4</sup> Under the Trafficking Victims Protection Act (TVPA) of 2000 (P.L. No. 106-386) as amended by the Trafficking Victims Protection Reauthorization Act of 2003, LSC recipients are permitted to use any funds to provide legal assistance represent victims of human trafficking and certain family members. See LSC Program Letter 05-2 (October 6, 2005). The Kennedy Amendment revisions include a savings provision that preserves the authority of recipients to provide assistance under the TVPA, which is slightly broader than the new authority under VAWA.

<sup>5</sup> The other types of criminal activity covered by VAWA are those listed in §101(a)(15)(U)(iii) of the Immigration and Nationality Act (8 U.S.C. 1101(a)(15)(U)(iii)) which include: rape; torture; trafficking; incest; domestic violence; sexual assault; abusive sexual contact; prostitution; sexual exploitation; female genital mutilation; being held hostage; peonage; involuntary servitude; slave trade; kidnapping; abduction; unlawful criminal restraint; false imprisonment; blackmail; extortion; manslaughter; murder; felonious assault; witness tampering; obstruction of justice; perjury; or attempt, conspiracy, or solicitation to commit any of the above mentioned crimes or any similar activity in violation of Federal, State, or local criminal law. Eligibility for U visa protection requires having been a victim of *criminal activity*. Victims are eligible for U visa immigration relief without requiring that the criminal case is ultimately prosecuted or that a conviction for the crime has been obtained. The term criminal activity is used to encourage victims to assist in investigations as well as prosecutions.

<sup>6</sup> When the crime victim is the child of the alien, the alien parent may access legal services assistance without regard to the immigration status of their victimized child.

NLADA and CLASP have been working for several years through the LSC appropriations process to expand the reach of the Kennedy Amendment to cover victims of domestic violence who are not married to their abusers. Despite significant efforts over the years by our supporters in both the House and the Senate, we were never successful in changing the language of the appropriation.

This year we took a different approach. First, we expanded our approach to cover a significantly broader range of crime victims. Second, we worked to broaden the exception to include LSC funds as well as non-LSC funds. Continuing our close collaboration with Legal Momentum, formerly NOW Legal Defense and Education Fund, and Catholic Charities of America, we operated on parallel tracks, attempting once again to make the change directly in the LSC appropriation, while at the same time working through the VAWA reauthorization to incorporate the proposed revisions through that legislation.

While our efforts around the LSC appropriation were once again unsuccessful, we were able to accomplish the same goal through revisions to VAWA. Senator Richard Durbin and his staff, as well as Legal Momentum and Catholic Charities provided immeasurable assistance to ensure the enactment of this provision. We sincerely appreciate their help in making this change a reality. We could not have accomplished this change without their help.

Programs should review their intake procedures and modify them to reflect the changes in this new law. Eligibility screening of potential clients will first need to determine whether the applicant has been a victim of domestic violence, sexual assault, trafficking or other crime, and if not, proceed to ask immigration status related eligibility questions.<sup>7</sup> We will work with the LSC staff to ensure that LSC's implementation of these revisions provides recipients with as much flexibility as possible to make legal assistance available to the crime victims covered by the newly revised Durbin- Kennedy Amendment.

The text of the Durbin-Kennedy Amendment, as revised by the VAWA reauthorization, is as follows:

(a) IN GENERAL - Section 502 of the Department of Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriations Act, 1998 (Public Law 105-119; 16111 Stat. 2510) is amended to read as follows —

(C) subsection (a)(11) of such section 504 shall not be construed to prohibit a recipient from providing related legal assistance to —

(i) an alien who has been battered or subjected to extreme cruelty or a victim of sexual assault or trafficking in the United States, or qualifies for immigration relief under section 101(a)(15)(U) of the Immigration and Nationality Act (8 U.S.C. 1101(a)(15)(U)); or

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<sup>7</sup> If immigration status questions are asked first, victims newly eligible for legal services under the VAWA 2005 amendments will be turned away from services that they now qualify to receive.

(ii) an alien whose child, without the active participation of the alien, has been battered or subjected to extreme cruelty or a victim of sexual assault or trafficking in the United States, or qualifies for immigration relief under section 101(a)(15)(U) of the Immigration and Nationality Act (8 U.S.C. 1101(a)(15)(U)).

(b) DEFINITIONS - For purposes of subsection (a)(2)(C):

(1) The term 'battered or subjected to extreme cruelty' has the meaning given such term under regulations issued pursuant to subtitle G of the Violence Against Women Act of 1994 (Public Law 103-322; 108 Stat. 1953).

(2) The term 'related legal assistance' means legal assistance directly related to the prevention of, or obtaining of relief from, the battery or cruelty, sexual assault or trafficking, or the crimes listed in section 101(a)(15)(U)(iii) of the Immigration and Nationality Act (8 U.S.C. 1101(a)(15)(U)(iii)).

SAVINGS PROVISION - Nothing in this Act, or the amendments made by this Act, shall be construed to restrict the legal assistance provided to victims of trafficking and certain family members authorized under section 107(b)(1) of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 237105(b)(1)).

**Declaration  
for  
U Visa  
Interim Relief**

## DECLARATION OF

I declare, under penalty of perjury, that the following declaration is true and correct:

My name is \_\_\_\_\_ and I am \_\_\_\_\_ years old. I come from a very poor family and I'm the youngest of 16 children. My father used to help people move and would make about twenty dollars (\$20) a week to support us. My mom had a little food stand on the streets selling tacos and quesadillas and since we all went to school in the afternoon we also worked preparing salsa, washing dishes and bringing the stuff out to her. We would start at 5 a.m. and finish by 8 p.m. Even though we worked hard all day we only had enough for potatoes and beans to eat.

We lived in a very poor neighborhood in Netzahualcoyotl, outside Mexico City. Whenever it was the rainy season the streets used to flood and the water would come inside the houses. Many times I woke up and our house was full of water. When I got up from my bed, I would step into water. We did not have any electricity and used candles to light the house.

Since we were so many children, many times my parents did not have money to buy food or shoes. We would go to a landfill to look for shoes that people had thrown away. Sometimes I had to put some cardboard on the bottom of the shoes and clean them to make them look better.

I decided to come to the United States to be able to help my parents. I came when I was 16 years old and began working in the fields. I considered myself to be a hard-working, honest person. I do not drink, smoke or do drugs and always tried to avoid confrontations. The money that I was able to make I was sending to my parents in Mexico. After 8 months, I decided to go back to my family. While I was back there, my father had an accident and broke his wrists. After that he was unable to drive the moving van. He knows how to sew and iron clothes, but this doesn't bring in much money. He is currently 80 and my mother is almost 70 years old.

, the man who had helped my friend and me to come here, went to Mexico because he wanted my brother-in-law to come with him to the United States. It was not my plan to return here at that time but talked to me into coming so I could help my brother-in-law to adjust here. He did not charge me for helping me cross the border, but my brother-in-law was supposed to pay. However, my brother-in-law got homesick a few days after arriving here and decided to return to Mexico. When found out that my brother-in-law had left, he came to talk to me and even though we were living in the same house he threatened me and began to demand his money. made me pay him the money for my brother-in-law. He was pushing me around and finally I fell on the ground with him on top of my leg, breaking my ankle. I had to have surgery on my foot and even though the police came to talk to me, they could not do anything to because he had left town.

I continued to work in the fields to help my parents. I was able to help them build a house with the money that I had saved working here. I tried to save most of my money and the only things that I paid were my living expenses and I purchased a bike, a TV and VCR and some clothing. Although sometimes I felt lonely, everything seemed to be going good.

Everything was going good until one day, on May 2, 2001, when I was coming back from working in the asparagus fields at 5 p.m. with the contractor's grandson. There were four of us in the car, the contractor's grandson who was driving, another worker I didn't know well, my good friend, Omar, and myself. This is what happened.

We had stopped at a stop sign when all of a sudden, four guys dressed like they were gang members, jumped in front of the van. They had their heads covered, but I could still recognize one of them. A different one started firing shots at the door on the driver's side. Instead of trying to go around them, the contractor's grandson stopped the van, got out and

grabbed one of the guys and started asking him what was going on. They started arguing and then I heard more shots. It was like BAM, BAM—not like from a pistol but like a gun with a clip. I slid open the back door of the van and was starting to get out and run when I heard more shots from near the back end of the van. I didn't know anyone was back there. I tried to get back inside when I suddenly felt myself falling.

I felt myself falling to the ground and could feel my eyes closing. My eyes were like real wide open and then just began closing themselves. They said I was yelling and screaming from pain at the hospital, but I don't remember this.

I had been coming back from the asparagus field and I had worked ten hours. I was very tired when this happened. I had gotten paid \$60 dollars cash, minus \$4 dollars for the ride and \$5 for lunch and a soda, so I had \$51 left. When I arrived at the hospital, my money was gone. I don't know who took it. At the hospital, a detective asked me if I could identify the guys who did this. I told him that I could ID one of them, but the others had their faces covered and I didn't recognize them. They told me that after I was shot, everybody just ran away. But I still know that I could recognize one of them. That is what happened.

The doctors say that the bullet is lodged between my spine and surrounding nerves. It's stuck in there where they don't seem to be able to get it. They said I could die of a blood clot or something if they tried to remove it. Also, I have no insurance or any coverage for surgery; I only have emergency Medi-cal. Where the bullet is, I get very cold and I get such terrible pain when I am cold. The emergency coverage does give me painkillers, but they don't really take away all of the pain. They just make me very drowsy.

At night I often have horrible dreams—it's like I'm being chased. Sometimes I even dream that my family and friends are trying to kill me. It's like living in a nightmare. I think it's



because of the fear. I am afraid every day that the officers might come and take me away because I don't have my papers. I don't know how I could hide if they came. And I don't know how I could get home if they just put me across the border—I live far from there and do not know anybody in the border towns. Even if I could get all the way to where my parents live, I know I can't go back home because my family is too poor and they would have no way to care for me. I was trying to care for them. If I had to leave here, I would have no wheelchair, no medicine, and no way to keep warm. I would have no one to care for me like Mrs. Yrlas. She has been so kind. Maybe if I could get papers, I might be able to sleep better, without so much fear. My friend Omar, who was with me at the time of the shooting, has moved to San Jose and does not come to see me because he is still afraid.

I hope you will understand. I want to help the police to put the guy that did this to me in jail. I don't want him to be able to hurt anyone else. If only they could catch the guy I can identify, he will know who is the one who shot me. I would do anything I can to help.

My life has changed so much since I was shot. My world collapsed; all my dreams of owning a house, a car or having a family were shattered. Now I can't even walk. More than the physical pain that I have to endure every day is the pain of knowing that I am not longer able to help my elderly parents. If I go back to Mexico it would be a tremendous hardship for all my family; the chances for me to recover will be non-existent. I will have no future there. One of my cousins had an accident and broke his leg in Mexico and it took three years before he could save the money to get medical attention. I can only imagine how it would be for me.

I know that here I can get better help and hopefully obtain some kind of job training that would allow me to support myself and continue helping my parents. The doctor told me that I would never be able to work in the fields again, but I can get training in a different kind of job.

I would like to fully recuperate but without any medical treatment I am not sure if that would be possible. My dream is to be able to work to continue helping my parents and to obtain legal status to go visit them once in a while. So far I can only talk to them on the phone, but since my father is elderly he cannot hear that well.

I have lived here for seven years now, all my years as a grown person. I consider this country to be my home. I have met wonderful people such as Mrs. who encourage me and have given me tremendous support. I know others here would like to help. I hope this will be possible.

Sometimes I get so sad and angry because I cannot work and all I can do right now is cry. I would like to tell you more things but it is very hard for me to express my feelings. My heart aches and I am only waiting for a miracle. I pray to the Virgin Mary and to Jesus for a miracle.

Thank you for listening.

=====

I declare, under penalty of perjury, that the above transcription was gleaned from several interviews with , as well as from two brief hand-written statements from

I also declare, under penalty of perjury, that I am qualified to translate from English to Spanish and that I have read this transcription back to in Spanish and he certifies that it is his true and correct declaration.

  
Madeleine Kirkconnell, BIA Representative

**Cover Letter  
for  
U Visa  
Interim Relief**

<< SAMPLE COVER LETTER >>

January 5, 2005

U.S. Citizenship and Immigration Services  
Vermont Service Center  
VAWA Unit, Box 1000  
75 Lower Welden Street  
St. Albans, VT 05479-0001

RE: John Doe  
U Visa Interim Relief Request

To whom it may concern,

I represent John Doe, age 12, a victim of crimes of felonious assault and sexual battery that have resulted in his substantial physical and mental abuse. John has assisted the Gotham Police and District Attorney's office in the investigation and prosecution of the perpetrator of these crimes. Below please find evidence of John's eligibility for protection under the U visa provision.

Statement of Facts Supporting U Interim Relief

John was 10 years old when he and his mother began living with Joe Perpetrator. The victimization of John began shortly after Perpetrator moved in with them in September of 2002. Frequently, when John slept he would be woken up by Perpetrator coming over to his bed and touching his penis. During the day, Perpetrator hugged and kissed John who would then push him away. John's mother was unaware of the abuse at this time as she worked the night-shift and was not always present to witness their interactions.

The abuse of John escalated on November 2, 2002. On that day, John was taking a shower when Perpetrator entered the bathroom (which didn't lock) and touched John's penis. As Perpetrator touched him, John told Perpetrator to stop and pushed him away. Perpetrator again advanced and hit John across the face when he resisted. John struggled to keep Perpetrator off of him but was met with a barrage of punches.

When John's mother arrived home from work some hours later, she found John bloody and badly beaten on the floor of his bedroom. Perpetrator had left the house. John's mother immediately called the Gotham Police and filed an incident report. John spent the following two days at Gotham County Hospital where he received four stitches on his upper lip and treatment for broken forearm and mild concussion.

John and his mother subsequently moved in with another family member. While the police were investigating the charges against Perpetrator, he continued to stalk, harass and frighten John by attempting to contact him at home and at school. To protect John

## Appendix D

and his mother from Perpetrator, they obtained an emergency protection order.

John has also been psychologically and emotionally harmed from the victimization. He has had suicidal ideation, disturbed sleep and preoccupation/flashbacks of the abuse. He has been on psychotropic medication under the care of a child psychiatrist (see exhibit f) and is undergoing additional counseling from a licensed family therapist (see exhibit e).

Perpetrator was arrested on November 24, 2002 and is currently serving a six-year sentence in a Forniocali State Prison. John has fully cooperated with the investigation and prosecution of Perpetrator. In the course of the investigation, the Gotham Police department conducted three interviews with John. In these interviews, John provided detailed and comprehensive accounts of the crimes (see exhibits b and c). The investigators and the Assistant District Attorney have maintained professional standards for interviewing child victims of sex crimes and have done their best to avoid repetitive interviewing that may cause re-traumatization.

### John Doe Qualifies Under the Statutory Requirements for a U Visa

John Does has met all of the conditions that must be satisfied to qualify for a U visa.

**A. John Doe has suffered substantial physical or mental abuse as a result of having been a victim of certain criminal activity, including abusive sexual contact and felonious assault. See attached exhibits:**

- a. U visa certification form dated November 8, 2004 from Assistant District Attorney Jane Smith for Gotham County
- b. Gotham County Police Department Incident Report dated November 2, 2002
- c. Gotham County Police Department Incident Report dated November 28, 2002
- d. Emergency Protection Order dated January 7, 2003
- e. Declaration of Dr. Phil, licensed family therapist, dated November 10, 2004
- f. Declaration of Dr. Tim, child psychiatrist, dated November 10, 2004
- g. Medical records from Gotham County Hospital, dated November 2-5, 2002.

**B. John Doe possesses information concerning the criminal activity. See attached exhibits:**

- a. U visa certification form dated November 8, 2004 from Assistant District Attorney Jane Smith for Gotham County
- b. Gotham County Police Department Incident Report dated November 2, 2002

## Appendix D

- c. Gotham County Police Department Incident Report dated November 28, 2002

**C. John Doe has been helpful, is being helpful, or is likely to be helpful in the investigation or prosecution the criminal activity. See attached exhibits:**

- a. U visa certification form dated November 8, 2004 from Assistant District Attorney Jane Smith for Gotham County
- b. Gotham County Police Department Incident Report dated November 2, 2002
- c. Gotham County Police Department Incident Report dated November 28, 2002

**D. The criminal activity described violated Forniocali Penal Code sections 345 and 678 and occurred in the United States. See attached exhibits:**

- a. U visa certification form dated November 8, 2004 from Assistant District Attorney Jane Smith for Gotham County
- b. Gotham County Police Department Incident Report dated November 2, 2002
- c. Gotham County Police Department Incident Report dated November 28, 2002
- h. Forniocali Penal Codes sections 345 and 678.

Thank you for your prompt attention to this distressing session. Please contact me if there are any questions regarding this case.

Sincerely,

Joe Advocate  
Staff Attorney  
Legal Services Office

**Self Petition  
Cover Letter**

example of  
a cover letter  
written by Lea  
for a self pet.

US Department of Justice  
Immigration and Naturalization Service  
Vermont Service Center  
ATTN: FAMILY SERVICES PRODUCT LINE - VAWA  
75 Lower Welden Street  
St. Albans, Vermont 05479-0001

Re: [REDACTED] DOB [REDACTED] A# none

- Form I-360 Self-Petition for Spouse of Abusive Lawful Permanent Resident or Citizen, with appropriate fee, and
- Request for transfer of priority date from any approved I-130, and
- Request for Deferred Action Status, and
- Form I-765 Application for Employment Authorization, with appropriate fee.

To whom it may concern:

Enclosed please find an I-360 Self-Petition as the abused spouse of a lawful permanent resident and I-765 Application for work authorization for [REDACTED] with supporting evidence and fees.

[REDACTED] was recently divorced from her husband, [REDACTED], after enduring several years of extreme cruelty and physical abuse perpetrated by him. [REDACTED] and [REDACTED] knew one another in Mexico, as they were from the same area, but only met and became romantically involved after each of them had moved to Lexington, Kentucky.

[REDACTED] mistreatment of [REDACTED] began as demeaning verbal abuse combined with failure to support, infidelity and drug abuse, and he physically assaulted her several times. [REDACTED] made several attempts to separate from [REDACTED] over the years they were together, but he would either convince her that he was going to change, or threaten to take her children from her if she left. [REDACTED] was finally successful in separating from [REDACTED] in the summer of 2001, but when she told him she was leaving him he exploded, hitting her and threatening to kill her.

[REDACTED] had two children with [REDACTED]. She has secured custody of the children and is divorced from [REDACTED] however, has abandoned Lexington, Kentucky, and avoided paying child support or helping [REDACTED] in any way. He only recently contacted her after over a year of no contact to see if she would send him copies of the divorce decree.



██████ is an excellent mother and member of the community. She has been a patient, kind and honest client, and in my opinion she has a valid Self-Petition. I hope that you agree and look forward to hearing from you.

Enclosed you will find:

Signed G-28, Notice of Appearance;

Completed I-360;

Completed I-765 (with photos);

Fees for both applications; and

The following supporting documents:

- Declaration of ████████████████████. Entered as evidence of all grounds of eligibility including that Maria entered her marriage in good faith; that she is subjected to extreme cruelty and physical battering; that she has resided in the United States with Javier Guerrero-Ponce;
- Copy of the civil registration of ████████ birth, with translation, evidencing her birth in Mexico on February 25, 1970;
- Copy of a USAID photo identification card evidencing her identification as ████████████████████

Submitted as evidence that ████████ and ████████ were:  
legally married,  
entered their marriage in good faith, and  
have been divorced for less than two years:

- Declaration of ████████████████████ (listed previously);
- Copy of ████████ and ████████ Certificate of Marriage certifying that they were married in Lexington, Kentucky on April 28, 2000;
- Copy of the final decree ordering the dissolution of the marriage of ████████████████████ and ████████████████████ on July 29, 2002;
- Copy of the birth certificate of ████████████████████, ████████ and ████████ first child, born September ████████ in Fayette County, Kentucky, showing not only that they had children together, but also that the children were given both family names;

- Copy of the birth certificate of [REDACTED] and [REDACTED] second child, born December [REDACTED], in Fayette County, Kentucky, showing not only that they had children together, but also that the children were given both family names, and this child was also given his father's first name.

Submitted as evidence that [REDACTED] ex-husband [REDACTED] is an LPR:

- Declaration of [REDACTED] (listed previously).
- Copy of [REDACTED] expired Temporary Residence Card showing his alien registration number of [REDACTED]

Submitted as evidence that the couple resided together and resided in the United States:

- Declaration of [REDACTED] (listed previously);
- List of Addresses for [REDACTED];
- EPO Information Form - which states the couple was separated for only one week before the filing of the petition;
- Domestic Violence Petition showing [REDACTED] "usual address" as the last address she shared with [REDACTED], and her "current address" as her sisters address to which she fled.

Submitted as evidence of battering and extreme cruelty:

- Declaration of [REDACTED] (listed previously);
- Petition for Domestic Violence Order (Kentucky's protective orders)(listed previously);
- Emergency Protective Order issued against [REDACTED]
- Domestic Violence Order entered against [REDACTED] after a finding by the preponderance of the evidence that domestic violence had occurred and was likely to occur again.

Submitted as evidence that [REDACTED] is a person of good moral character:

- List of Addresses of [REDACTED] since 1999 (listed previously);
- Commonwealth of Kentucky Applicant Criminal History Check Response showing that there is no record of [REDACTED] having any criminal record in Kentucky.

On behalf of [REDACTED], I thank you for your time and look forward to your response.

Most Sincerely,

Lea M. Webb  
[REDACTED]

enc

# **Self Petition Declaration**

Declaration of [REDACTED]

1. My name is [REDACTED]. I was born in [REDACTED] and grew up in Matamoros, Mexico. I am [REDACTED] years old and am married to [REDACTED]. We have been married for 7 years. [REDACTED] is in the process of divorcing me. Over the past several years, [REDACTED] has threatened me, harassed me and abandoned me, and he continues to make my life extremely difficult and causes me to live in fear. I am using the address of my attorney, Mary Joan Reutter, because I may have to change my address suddenly due to the current situation with my husband. I can be reached through [REDACTED] at the International Family Resource Center, [REDACTED].
2. I grew up in [REDACTED]. I lived with my grandmother most of my life. My mother was moving a lot and working in many different places. I knew my dad, but he was never around us or responsible for us. He lives in Texas. His name is [REDACTED]. I think he is a U.S. citizen, but I don't know for sure.
3. I grew up with my grandmother, my five brothers and sisters and three cousins. It was pretty good. My grandmother took care of all of us. My mother sent money that she earned every week to take care of us. My mother makes her living by coming to the US and buying toys and clothes and other retail items and then reselling them in [REDACTED] door-to-door. My mother is 49 years old. She will soon be fifty years old. She still works, but now she just makes things by hand and sells those. My grandmother had a stroke about two years ago, and she cannot work. She is retired/disabled. She is in her late 60s or early 70s.
4. I have two boys, [REDACTED] and [REDACTED]. [REDACTED] is in the second grade and [REDACTED] is in the first grade. They are both U.S. citizens and they both enjoy living here where they have always lived. They both love school, and if they would have to go to Mexico with me to live, it would be very hard for them. [REDACTED] the oldest, speaks Spanish, but [REDACTED] the youngest, does not like to speak Spanish, although he understands it. Both of the boys are at home here, and should not be forced to leave or to watch their mother leave. Their teachers always say how wonderful they are and what good students they are. I'm very proud of them.
5. If I go back to [REDACTED] my boys and I would face terrible hardships. First, I know that my husband will try to keep my children here. He has threatened this many times. I know he would like it if I have to go to [REDACTED] and he keeps the boys. Every time I try to take care of myself he threatens me with, "if you do that [REDACTED] I will get custody of the boys and you will have to go back to [REDACTED] to live." Second, if I did manage to return to [REDACTED] with the boys, there would be no way for me to get child support. I would have to pay for all the sustenance of the kids, food, books, everything all by myself, because there is no way that Saul would help me pay for these things. Third, the schools in [REDACTED] are really expensive and the education is not very good. The city schools are bad and expensive, and the private schools are even more money. It is very expensive.
6. I came to the U.S. with [REDACTED] in 1992. I was 18. [REDACTED] was a permanent resident at that time. I don't know how he was a permanent resident. All I know is that his mother is a permanent

resident and all of his family, mother, brother, sisters were permanent residents or citizens. Two of his brothers were citizens, the older one and the little one.

7. When I came to the US for the first time, I came as a visitor and stayed with [REDACTED] and his family as they worked on farms. We were in Ohio for a couple of months. After that we went to Michigan for one month, and then we moved to Kentucky, where we've been living ever since.
8. I met my husband, [REDACTED] in [REDACTED] and lived in [REDACTED] for only three years. Before that I lived in a small town in [REDACTED] with my Grandmother. But when I was 15, my mother made me move to [REDACTED] to live with her. It was a much larger city than Vera Cruz, and I didn't like it much. I wasn't comfortable there.
9. How I met [REDACTED] is a good story. I like to remember it because it's good. I had just moved in with my mother, and her neighborhood really scared me. I didn't speak to anybody because I was scared, and this gave me a reputation for being a "strawberry girl," which is like being a snob. People in the town saw that I went to school far away and that I worked in another part of the city. They saw me come and go early in the morning and late at night on the bus. [REDACTED] lived in this same town and he knew of me, but I didn't know him. My brother and he were in the same school. So, [REDACTED] told my brother to say "hi" to me for him. My brother was kind of jealous or protective of me, and so he said, "if you want to tell her something, just you tell her." About three months later, I was late to work, and I was irritated waiting at the bus stop. I was really mad. There were a lot of people who didn't come to work that day, because it was raining real heavy and the city cars weren't running everywhere. My bus was not coming. So I had to walk from stop to stop to get on a bus to work. Suddenly, someone asked me, "What time is it?" I quickly said, "9:30," and I turned around again. I liked the face I had quickly seen. I thought I'd never seen this guy before. Then the bus finally came. As the bus pulled away from the stop, I was looking out of the window and that guy was looking at me, and he said, "Bye, [REDACTED]" I thought, "He knew my name!" I soon found out from his brother [REDACTED], who I saw often at the bus stop, that he knew everything about me. He knew when I worked, when I went to school, and everything.
10. One Friday night, when I was coming from school, I was very tired and not very interested in celebrating like a normal Friday night with going out and dancing with my friends and things like that. When I got off the bus, I ran into [REDACTED]'s brothers. By this time, [REDACTED] or his brother, [REDACTED] was always waiting for me. [REDACTED] said, "it's Friday and you be coming late." He was watching me all the time. He talked to me for a while and said, "would you like to be my girlfriend?" I said, "excuse me? I'm gonna tell you the truth. I don't like you. I like your brother." He was surprised. "Well, I tell the truth," I said, "I just like your brother. I don't like you." He said, "Okay. I'm gonna tell you, my brother likes you too." So he told [REDACTED] that I like him. The next day I saw [REDACTED] again and he said, "Somebody wants to talk to you." I said, "who?" He said, "my brother." I said, "Okay. Say hi to him," but [REDACTED] was coming. He said, "Hi [REDACTED]" I said, "Hi". He asked where I had been and whether I wanted to go dancing with him that night. I had a tough day at school that day, and so I told him that I did not. I just wanted to go home. So he asked if he could come over to my house later instead.

Eventually, I was able to convince him that he had to move out. I couldn't stay with him there anymore.

17. It is difficult for my sons to see their mommy and daddy fight and split up. I wish there was a way for this not to happen. I wish I could keep my boys from being hurt. But I realize now that I have to take care of myself and that if I don't find a way to be independent of [REDACTED] he will forever use his power over me to threaten and control me. I have to take care of myself. Even though I don't trust [REDACTED] anymore, and even though I am incredibly hurt by what he has done to me, I still hope that the boys can have a pretty good relationship with [REDACTED] their daddy, in the future. It is not good for them to see the way [REDACTED] treats me now, though. Now, they see him treat me like some sort of toy instead of a real person. [REDACTED] is teaching his boys that I, a wife and mother, can be thrown away whenever a man decides. This makes me scared and angry, but I still hurt when I see how sad the boys are sometimes.
18. I really wanted my marriage to last forever, because [REDACTED] and I always agreed that we wanted something different than what we both had. [REDACTED] doesn't know his daddy. [REDACTED] never saw him. And my mother and my daddy separated when I was five years old. So I was trying to make my family strong - not like my daddy and his daddy. [REDACTED] promised me many times that we would never get divorced. He knows how important this is to me, and he knows how it hurts me to lose that dream, but he has given me no choice. He abandoned me, physically hurt me, threatened me and has made me live in fear for the last few years. I can give up my perfect dream for the basic human safety I don't have right now.
19. Little [REDACTED] was born one year before we were married. I lived with [REDACTED]'s family before he was born. But after he was born I moved into a place by myself. It was on the same farm but it was a different trailer. [REDACTED] moved in there too. He moved everything while I was in the hospital. I was very happy about my little boy. I was excited that we were finally going to be by ourselves and we would be able to be a happy family. [REDACTED] was so happy and excited too. He got everything ready. He cleaned the trailer and moved everything. He said everything was going to be changed and we wouldn't have anymore problems with his family and things like that. We lived there for two years.
20. [REDACTED] wasn't exactly the father I had dreamed of for my children. [REDACTED] never spent a lot of time with the boys or talked to them much or anything. And when [REDACTED] was tired and wanted to go to bed he would get really mad if I or the boys woke him up or kept him from sleeping. So we have lived in fear of making him too angry since almost the beginning.
21. About May of 1999 things with me and [REDACTED] were really bad and they got much worse. We still lived in the trailer on the farm. [REDACTED] began staying away from home for weekends and coming home on Sunday or Monday. He came home like he was coming from work. He didn't want me and the boys to make any noise, because he wanted to be able to sleep and recover from whatever he had been doing all weekend. I began thinking that he was doing some kind of drugs or something when he was away all weekend. I don't know whether that's what he was doing, but I now know that he was seeing another woman. [REDACTED] told me during this time that he wanted to live like a single person when he came home - he did not want to have to take care of me or the children and he did not want to be bothered by us. He

another car and let me use it. Otherwise I had no way to go anywhere or do anything. Having my own car lasted for only about a month. Then the newer car began to have problems. So [REDACTED] took the one that worked, and I was trapped at home again with no car. Sometimes this meant that while he was gone for the whole weekend, I had no way to leave the house or do anything for my boys. When I told [REDACTED] that I had to have a car especially since he wasn't coming home all the time, he just threw up his hands and said that he couldn't fix the other one. It made me feel really helpless, frustrated, and trapped. I couldn't go anywhere. I couldn't take my boys anywhere. I got tired of asking people to come and get me and take me places. Sometimes I would walk very far in all kinds of weather just to do simple things like get stuff for dinner. Once, my boys wanted something from McDonalds. I hated telling them that we couldn't have anything or go anywhere, and so I said I would go and get it. The town we live in is small and rural. It is not made for walking anywhere. I walked, though, through freezing rain and record cold that day to get what my boys wanted. I probably looked crazy, but I just had to feel like I could do something so simple.

26. In February of 2000 [REDACTED] stopped paying the bills. The gas company turned off our gas. The boys and I were freezing to death for about two weeks. The weather then was really bad. It was so cold that our hair was frozen when we woke up in the mornings. I used a little electric heater to heat the boys room, but it didn't do very much. After two weeks [REDACTED] finally came home and gave me the money to pay the bill. Somebody had told his mother that we were living without any heat, and his mother told him, and he came and just gave me the money and left. I told him that I needed money for the bills and for groceries and everything. He gave me enough and left. I felt terrible for my children when all of this was happening. I was really mad at [REDACTED] because it didn't matter what he was doing to me. It was just that he was doing all of this to the children and I was frustrated because I couldn't do anything because I couldn't work. I soon decided I had to work, because I couldn't let this happen.

27. I started looking all over for work after they turned off the gas, and I started working part-time for people who would just call when they needed extra help in a restaurant. I made only tips, and it wasn't really enough to pay bills. I was able to buy groceries and that's about all. For everything else I saved as much as I could. I was able to pay some bills late. Some, though, just couldn't be paid. I did the best I could. I was really angry with [REDACTED]. He never came to ask me what I needed. He knew I needed things and that the boys needed things and he knew that I couldn't work legally and that I couldn't make enough to pay everything. And I think he should have thought about how I was also taking care of the boys.

28. Instead of thinking about how he had abandoned us, though, [REDACTED] began to make our lives more difficult. It is like [REDACTED] is determined to make it as impossible as he could for me to survive. His violence has escalated as I have become more determined to take care of myself. One day I was with the boys and I was taking them to go to the grocery. I put the boys in the car and buckled their seat-belts. When I went to pull out of the driveway, [REDACTED] pulled up behind me and blocked me in. Then he came up to the car door and started beating on the car door. He was yelling and angry. I don't know why [REDACTED] came over that day. All I know is that [REDACTED] was in a rage, and I was too afraid to open the car door. He kept beating on



blood on my tee-shirt from his nose bleed. I told them nothing was wrong. The police asked whose blood it was, and I told them it was my husband's and that the only problem was that he came home really drunk. I assured the police that everything was okay. They asked to see [REDACTED]. He came to the door and told them that he only had a nosebleed and that everything was okay. The police left then. They didn't say anything else to either one of us. I wanted to get someone to come and get him. He was too drunk to drive and I took his keys away so that he wouldn't. But his family was not home, so he slept on the couch and left early the next morning. I hated for my children to see him like this since they saw him so seldom.

32. One day during the summer I had a two hour break from work. I called the baby sitter and told her to get the boys ready that I was going to take them to the city pool. I picked them up, and we went. Everything was great until we went to leave. I was starting to pull out of the parking lot at the pool, and suddenly [REDACTED] pulled up behind me and blocked my car. He had gone to my house and asked the baby sitter where I was, and she told him. [REDACTED] was trying to talk to me about the divorce. He wanted to know why I hadn't signed the papers and when I would. He was going on and on. I was trying to ignore him, because I still didn't have a lawyer and I was afraid to say anything. He grabbed my face and turned my head toward him hard and said "listen, I'm talking to you." [REDACTED] was yelling, and people were looking at us, and the boys and I were really scared. The person parked beside me came out to leave and told [REDACTED] to move his car. So [REDACTED] moved the car, and when he did I moved my car too. I was able to leave the parking lot and start toward home. But I was thinking that I didn't want him to follow me home and make a scene, so I drove to the interstate and got on the interstate as if to go to Winchester or Lexington (the next cities). He followed me and drove too close. I began to drive too fast to try to get away from him, and then the police pulled me over. I explained to the police what was happening and the police officer said he didn't believe me. But [REDACTED] had gone to the next exit, turned around, come back and stopped in front of me. So I was able to tell the police officer, "See the van that just passed and stopped? That's him." The police then went to talk to him. [REDACTED] told the police that he wanted to see the children and I wasn't letting him see them. So they saw that he was following me and causing me to drive fast. The police told him not to do it anymore and made him leave. The officers talked to me more after he pulled away. They told me to call the police every time I had any problem with him or to stop at the police station and tell them what was going on.

33. Now [REDACTED] calls me and hounds me all the time about where I am. He calls several times every day. I know because I have Caller I.D. and I can see who has called and how many times. I never answer the phone. Sometimes I tell my friends to answer the phone, and he tells them that he needs to talk to me. I tell my friends to tell him that I don't have anything to talk to him about, but he keeps calling anyway. The last time he called it was from a pay phone and I answered, not knowing it was him. He said he needs to talk to me about a lot of important stuff. I told him that if he wanted to tell me something he could just tell his lawyer.

34. [REDACTED] came over in October of this year, after I called him to tell him that we needed to turn the gas for heat back on. He came on a weekend when the boys were supposed to stay with me, and he announced that he wanted to take the boys with him. Little [REDACTED] did not want to

I, [REDACTED], declare, under penalty of perjury under the laws of the United States that the above declaration is true to the best of my knowledge.

[REDACTED]

10/20/00  
Date

**Self Petition  
and  
Various Forms**

U.S. Department of Justice  
Immigration and Naturalization ServiceOMB No. 1515-0117  
Petition for Amerasian, Widow or Special Immigrant**START HERE - Please Type or Print**

**Part 1. Information about person or organization filing this petition.** (Individuals should use the top name line; organizations should use the second line.) If you are a self-petitioning spouse or child and do not want INS to send notices about this petition to your home, you may show an alternate mailing address here. If you are filing for yourself and do not want to use an alternate mailing address, skip to part 2.

Family Name	Given Name	Middle Initial
	Leticia	
Company or Organization Name Catholic Charities Immigration Program		
Address - C/O		
Madeleine Kirkconnell		
Street Number and Name	Apt. #	
1106 N. El Dorado St.	n/a	
City	State or Province	
Stockton	CA	
Country	ZIP/Postal Code	
USA	95202	
U.S. Social Security #	A #	IRS Tax #
n/a	n/a	(if any) n/a

**Part 2. Classification Requested (check one):**

- a. ☐ Amerasian  
 b. ☐ Widow(er) of a U.S. citizen who died within the past 2 years  
 c. ☐ Special Immigrant Juvenile  
 d. ☐ Special Immigrant Religious Worker  
 e. ☐ Special Immigrant based on employment with the Panama Canal Company, Canal Zone, Government or U.S. Government in the Canal Zone  
 f. ☐ Special Immigrant Physician  
 g. ☐ Special Immigrant International Organization Employee or family member  
 h. ☐ Special Immigrant Armed Forces Member  
 i. ☐ Self-Petitioning Spouse of Abusive U.S. Citizen or Lawful Permanent Resident  
 j. ☒ Self-Petitioning Child of Abusive U.S. Citizen or Lawful Permanent Resident  
 k. ☐ Other, Explain: \_\_\_\_\_

**Part 3. Information about the person this petition is for.**

Family Name	Given Name	Middle Initial
	Leticia	
Address - C/O		
Street Number and Name		Apt. #
308 Linda Way		
City	State or Province	
Modesto	CA	
Country	ZIP/Postal Code	
USA		
Date of Birth (Month/Day/Year)	Country of Birth	
	Mexico	
U.S. Social Security # (if any)	A # (if any)	
n/a	n/a	
Marital Status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Complete the items below if this person is in the United States:		
Date of Arrival (Month/Day/Year)	I-94#	
	n/a	
Current Nonimmigrant Status	Expires on (Month/Day/Year)	
Without Inspection	n/a	

**FOR INS USE ONLY**

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
<input type="checkbox"/> Petitioner/Applicant interviewed	
<input type="checkbox"/> Beneficiary interviewed	
<input type="checkbox"/> I-485 Filed Concurrently	
<input type="checkbox"/> Bene "A" File Reviewed	
Classification	
Consulate	
Priority Date	
Remarks:	
Action Block	
To be Completed by Attorney or Representative, if any	
<input type="checkbox"/> Fill in box if G-26 is attached to represent the applicant	
VOLAG #	
ATTY State License #	
C42008	

**Part 4. Processing Information.**

Below give the United States Consulate you want notified if this petition is approved and if any requested adjustment of status cannot be granted.

American Consulate: City Ciudad Juarez Country Mexico

If you gave a United States address in Part 3, print the person's foreign address below. If his/her native alphabet does not use Roman letters, print his/her name and foreign address in the native alphabet.

Name [REDACTED] Address [REDACTED]

Sex of the person this petition is for. ☐ Male ☒ Female  
 Are you filing any other petitions or application with this one? ☐ No ☒ Yes (How many? one, I-765)  
 Is the person this petition is for in exclusion of deportation proceedings? ☒ No ☐ Yes (Explain on a separate sheet of paper)  
 Has the person this petition is for ever worked in the U.S. without permission? ☐ No ☒ Yes (Explain on a separate sheet of paper)  
 Is an application for adjustment of status attached to this petition? ☐ No ☒ Yes

**Part 5. Complete only if filing for an Amerasian.****Section A. Information about the mother of the Amerasian.**

Family Name n/a Given Name [REDACTED] Middle Initial [REDACTED]  
 Living? ☐ No (Give date of death [REDACTED]) ☐ Yes (Complete address line below) ☐ Unknown (attach a full explanation)  
 Address [REDACTED]

**Section B. Information about the father of the Amerasian.** If possible, attach a notarized statement from the father regarding parentage. Explain on separate paper any question you cannot fully answer in the space provided on this form.

Family Name [REDACTED] Given Name [REDACTED] Middle Initial [REDACTED]  
 Date of Birth (Month/Day/Year) [REDACTED] Country of Birth [REDACTED]  
 Living? ☐ No (Give date of death [REDACTED]) ☐ Yes (Complete address line below) ☐ Unknown (attach a full explanation)  
 Home Address [REDACTED]

Home Phone # [REDACTED] Work Phone # [REDACTED]

At the time the Amerasian was conceived:

- ☐ The father was in the military (indicated branch of service below - and give service number here):  
☐ Army ☐ Air Force ☐ Navy ☐ Marine Corps ☐ Coast Guard [REDACTED]  
☐ The father was a civilian employee abroad. Attach a list of names and addresses of the organizations which employed him at that time.  
☐ The father was not in the military, and was not a civilian employed abroad. (Attach a full explanation of the circumstances.)

**Part 6. Complete only if filing for a Special Immigrant Juvenile Court Dependent.****Section A. Information about the Juvenile.**

List any other names used. Leticia [REDACTED]

Answer the following questions regarding the person this petition is for. If you answer "no" explain on a separate sheet of paper.

Is he or she still dependent upon the juvenile court or still legally committed to or under the custody of an agency or department of a state? ☐ No ☐ Yes  
 Does he/she continue to be eligible for long term foster care? ☐ No ☐ Yes

Continued on next page

**Part 7. Complete only if filing as a Widow/Widower, a Self-petitioning Spouse of an Abuser, or as a Self-petitioning Child of an Abuser**
**Section A. Information about the U.S. citizen husband or wife who died or about the U.S. citizen or lawful permanent resident abuser.**

Family Name [REDACTED]	Given Name Armando	Middle Initial
Date of Birth (Month/Day/Year) 01/08/1985	Country of Birth USA	Date of Death (Month/Day/Year) n/a
He or she is now, or was at time of death on (check one)		
<input checked="" type="checkbox"/> U.S. Citizen born in the United States. <input type="checkbox"/> U.S. Citizen through Naturalization (Show A #) _____		
<input type="checkbox"/> U.S. Citizen born abroad to U.S. citizen parents. <input type="checkbox"/> U.S. lawful permanent resident (Show A #) _____		
<input type="checkbox"/> Other, explain _____		

**Section B. Additional information about you.**

How many times have you been married?  1	How many times was the person in Section A married?  1	Give the date and place you and person in section A were married. (If you are a self-petitioning child, write: "N/A")  [REDACTED] [REDACTED] USA
When did you live with the person named in Section A? From (Month/Year) [REDACTED] until (Month/Year) [REDACTED]		
If you are filing as a widow/widower, were you legally separated at the time of the U.S. citizen's death? <input type="checkbox"/> No <input type="checkbox"/> Yes. (attach explanation)		
Give the last address at which you lived together with the person named in Section A, and show the last date you lived together with that person at that address: [REDACTED] Modesto, CA 95350; last date lived together: 03/15/2000		
If you are filing as a self-petitioning spouse, have any of your children filed separate self-petitions? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (show child(ren)'s full names):		

**Part 8. Information about the spouse and children of the person this petition is for.** A widow/widower or a self-petitioning spouse of an abusive citizen or lawful permanent resident should also list the children of the deceased spouse or of the abuser

A. Family Name [REDACTED]	Given Name Armando	Middle Initial	Date of Birth (Month/Day/Year) [REDACTED]
Country of Birth USA	Relationship <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child		A # n/a
B. Family Name [REDACTED]	Given Name Valente	Middle Initial	Date of Birth (Month/Day/Year) 08/14/1999
Country of Birth USA	Relationship <input checked="" type="checkbox"/> Child		A # n/a
C. Family Name n/a	Given Name	Middle Initial	Date of Birth (Month/Day/Year)
Country of Birth	Relationship <input type="checkbox"/> Child		A #
D. Family Name	Given Name	Middle Initial	Date of Birth (Month/Day/Year)
Country of Birth	Relationship <input type="checkbox"/> Child		A #
E. Family Name	Given Name	Middle Initial	Date of Birth (Month/Day/Year)
Country of Birth	Relationship <input type="checkbox"/> Child		A #
F. Family Name	Given Name	Middle Initial	Date of Birth (Month/Day/Year)
Country of Birth	Relationship <input type="checkbox"/> Child		A #

G. Family Name	Given Name	Middle Initial	Date of Birth (Month/Day/Year)
Country of Birth	Relationship <input type="checkbox"/> Child		A #
H. Family Name	Given Name	Middle Initial	Date of Birth (Month/Day/Year)
Country of Birth	Relationship <input type="checkbox"/> Child		A #

Read the information on penalties in the instructions before completing this part. If you are going to file this petition at an INS office in the United States, sign below. If you are going to file it at a U.S. consulate or INS office overseas, sign in front of a U.S. INS or consular official.

### Part 9. Signature.

I certify, or, if outside the United States, I swear or affirm, under penalty of perjury under the laws of the United States of America, that this petition, and the evidence submitted with it, is all true and correct. If filing this on behalf of an organization, I certify that I am empowered to do so by that organization. I authorize the release of any information from my records, or from the petitioning organization's records, which the Immigration and Naturalization Service needs to determine eligibility for the benefit being sought.

Signature <i>Leticia</i>	Leticia	Date
Signature of INS or Consular Official	Print Name	Date

Please Note: If you do not completely fill out this form, or fail to submit required documents listed in the instructions, then the person(s) filed for may not be found eligible for a requested benefit, and it may have to be denied.

### Part 10. Signature of person preparing form if other than above. (sign below)

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature	Print Your Name	Date
Firm Name and Address: Catholic Charities Immigrant and Refugee Program 1106 N. El Dorado St., Stockton, CA 95202		

Addendum for Form I-360 [REDACTED] Leticia Date: September 1, 2000

Addendum to I-360 Page 2 Part 4.

I worked for about three months in the summer of 1996 in a packing house, sorting tomatoes and cherries. My only other work here has been babysitting.

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Department of Homeland Security  
U.S. Citizenship and Immigration Services

# I-360, Petition for Amerasian, Widow(er) or Special Immigrant

**START HERE - Please type or print in black ink.**

## Part 1. Information about person or organization filing this petition.

(Individuals should use the top name line; organizations should use the second line.) If you are a self-petitioning spouse or child and do not want USCIS to send notices about this petition to your home, you may show an alternate mailing address here. If you are filing for yourself and do not want to use an alternate mailing address, skip to part 2.

Family Name	Given Name	Middle Initial
Company or Organization Name		
Address - C/O		
Street Number and Name		Apt. #
City	State or Province	
Country	Zip/Postal Code	
U.S. Social Security #	A #	IRS Tax # (if any)

## Part 2. Classification Requested (check one):

- a. ☐ Amerasian  
 b. ☐ Widow(er) of a U.S. citizen who died within the past two (2) years  
 c. ☐ Special Immigrant Juvenile  
 d. ☐ Special Immigrant Religious Worker  
 e. ☐ Special Immigrant based on employment with the Panama Canal Company, Canal Zone Government or U.S. Government in the Canal Zone  
 f. ☐ Special Immigrant Physician  
 g. ☐ Special Immigrant International Organization Employee or family member  
 h. ☐ Special Immigrant Armed Forces Member  
 i. ☐ Self-Petitioning Spouse of Abusive U.S. Citizen or Lawful Permanent Resident  
 j. ☐ Self-Petitioning Child of Abusive U.S. Citizen or Lawful Permanent Resident  
 k. ☐ Other, explain: \_\_\_\_\_

## Part 3. Information about the person this petition is for.

Family Name	Given Name	Middle Initial
Address - C/O		
Street Number and Name		Apt. #
City	State or Province	
Country	Zip/Postal Code	
Date of Birth (Month/Day/Year)	Country of Birth	
U.S. Social Security #	A # (if any)	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Complete the items below if this person is in the United States:		
Date of Arrival (Month/Day/Year)	I-94#	
Current Nonimmigrant Status	Expires on (Month/Day/Year)	

## FOR USCIS USE ONLY

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
<input type="checkbox"/> Petitioner/ Applicant Interviewed	
<input type="checkbox"/> Beneficiary Interviewed	
<input type="checkbox"/> I-485 Filed Concurrently	
<input type="checkbox"/> Bene "A" File Reviewed	
Classification	
Consulate	
Priority Date	
Remarks:	
Action Block	
<b>To Be Completed by Attorney or Representative, if any</b> <input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant	
VOLAG#	
ATTY State License #	

## Part 4. Processing Information.

Below give to U.S. Consulate you want notified if this petition is approved and if any requested adjustment of status cannot be granted.

American Consulate: City	Country
If you gave a United States address in Part 3, print the person's foreign address below. If his/her native alphabet does not use Roman letters, print his/her name and foreign address in the native alphabet.	
Name	Address
Sex of the person this petition is for.	<input type="checkbox"/> Male <input type="checkbox"/> Female
Are you filing any other petitions or applications with this one?	<input type="checkbox"/> No <input type="checkbox"/> Yes (How many? _____)
Is the person this petition is for in exclusion or deportation proceedings?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain on a separate sheet of paper)
Has the person this petition is for ever worked in the U.S. without permission?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain on a separate sheet of paper)
Is an application for adjustment of status attached to this petition?	<input type="checkbox"/> No <input type="checkbox"/> Yes

## Part 5. Complete only if filing for an Amerasian.

### Section A. Information about the mother of the Amerasian

Family Name	Given Name	Middle Initial
Living? <input type="checkbox"/> No (Give date of death _____) <input type="checkbox"/> Yes (complete address line below) <input type="checkbox"/> Unknown (attach a full explanation)		
Address		

### Section B. Information about the father of the Amerasian: If possible, attach a notarized statement from the father regarding parentage.

Family Name	Explain on separate paper any question you cannot fully answer in the space provided on this form.		Middle Initial
Date of Birth (Month/Day/Year)	Name	Country of Birth	
Living? <input type="checkbox"/> No (give date of death _____) <input type="checkbox"/> Yes (complete address line below) <input type="checkbox"/> Unknown (attach a full explanation)			
Home Address			
Home Phone #	Work Phone #		

At the time the Amerasian was conceived:

☐ The father was in the military (indicate branch of service below - and give service number here): \_\_\_\_\_  
☐ Army ☐ Air Force ☐ Navy ☐ Marine Corps ☐ Coast Guard

☐ The father was a civilian employed abroad. Attach a list of names and addresses of organizations which employed him at that time.

☐ The father was not in the military, and was not a civilian employed abroad. (Attach a full explanation of the circumstances.)

## Part 6. Complete only if filing for a Special Immigrant Juvenile Court Dependent.

### Section A. Information about the Juvenile

List any other names used.

Answer the following questions regarding the person this petition is for. If you answer "no," explain on a separate sheet of paper.

Is he or she still dependent upon the juvenile court or still legally committed to or under the custody of an agency or department of a state? ☐ No ☐ Yes

Does he/she continue to be eligible for long term foster care? ☐ No ☐ Yes

**Part 7. Complete only if filing as a Widow/Widower, a Self-petitioning Spouse of an Abuser, or as a Self-petitioning Child of an Abuser.**

**Section A. Information about the U.S. citizen husband or wife who died or about the U.S. citizen or lawful permanent resident abuser.**

Family Name	Given Name	Middle Initial
Date of Birth (Month/Day/Year)	Country of Birth	Date of Death (Month/Day/Year)
He or she is now, or was at time of death a (check one):		
<input type="checkbox"/> U.S. citizen born in the United States.	<input type="checkbox"/> U.S. citizen through Naturalization (Show A #)	
<input type="checkbox"/> U.S. citizen born abroad to U.S. citizen parents.	<input type="checkbox"/> U.S. lawful permanent resident (Show A #)	
	<input type="checkbox"/> Other, explain	

**Section B. Additional Information about you.**

How many times have you been married?	How many times was the person in Section A married?	Give the date and place you and the person in Section A were married. (If you are a self-petitioning child, write: "N/A")
---------------------------------------	---	---

When did you live with the person named in Section A? From (Month/Year) \_\_\_\_\_ until (Month/Year) \_\_\_\_\_

If you are filing as a widow/widower, were you legally separated at the time of to U.S citizens's death? ☐ No ☐ Yes, (attach explanation).

Give the last address at which you lived together with the person named in Section A, and show the last date that you lived together with that person at that address:

If you are filing as a self-petitioning spouse, have any of your children filed separate self-petitions? ☐ No ☐ Yes (show child(ren)'s full names):

**Part 8. Information about the spouse and children of the person this petition is for.** A widow/widower or a self-petitioning spouse of an abusive citizen or lawful permanent resident should also list the children of the deceased spouse or of the abuser.

A. Family Name	Given Name	Middle Initial	Date of Birth (Month/Day/Year)
Country of Birth	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child		A #
B. Family Name	Given Name	Middle Initial	Date of Birth (Month/Day/Year)
Country of Birth	Relationship <input type="checkbox"/> Child		A #
C. Family Name	Given Name	Middle Initial	Date of Birth (Month/Day/Year)
Country of Birth	Relationship <input type="checkbox"/> Child		A #
D. Family Name	Given Name	Middle Initial	Date of Birth (Month/Day/Year)
Country of Birth	Relationship <input type="checkbox"/> Child		A #
E. Family Name	Given Name	Middle Initial	Date of Birth (Month/Day/Year)
Country of Birth	Relationship <input type="checkbox"/> Child		A #
F. Family Name	Given Name	Middle Initial	Date of Birth (Month/Day/Year)
Country of Birth	Relationship <input type="checkbox"/> Child		A #

G. Family Name	Given Name	Middle Initial	Date of Birth (Month/Day/Year)
Country of Birth	Relationship <input type="checkbox"/> Child		A#
H. Family Name	Given Name	Middle Initial	Date of Birth (Month/Day/Year)
Country of Birth	Relationship <input type="checkbox"/> Child		A#

### Part 9. Signature.

*Read the information on penalties in the instructions before completing this part. If you are going to file this petition at a USCIS office in the United States, sign below. If you are going to file it at a U.S. consulate or USCIS office overseas, sign in front of a USCIS or consular official.*

I certify, or, if outside the United States, I swear or affirm, under penalty of perjury under the laws of the United States of America, that this petition and the evidence submitted with it is all true and correct. If filing this on behalf of an organization, I certify that I am empowered to do so by that organization. I authorize the release of any information from my records, or from the petitioning organization's records, that the U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought.

Signature		Date
Signature of USCIS or Consular Official	Print Name	Date

**NOTE:** If you do not completely fill out this petition or fail to submit required documents listed in the instructions, the person(s) filed for may not be found eligible for a requested benefit and the petition may be denied.

### Part 10. Signature of person preparing form, if other than above. (sign below)

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature	Print Your Name	Date
Firm Name and Address		

**START HERE - Please type or print in black ink.**

**Part 1. Information about you.**

Family Name		Given Name	Middle Name
Address- C/O			
Street Number and Name			Apt. #
City			
State		Zip Code	
Date of Birth (mm/dd/yyyy)	Country of Birth:		
	Country of Citizenship/Nationality:		
U.S. Social Security #		A # (if any)	
Date of Last Arrival (mm/dd/yyyy)		I-94 #	
Current USCIS Status		Expires on (mm/dd/yyyy)	

**Part 2. Application type. (Check one.)**

**I am applying for an adjustment to permanent resident status because:**

- a. ☐ an immigrant petition giving me an immediately available immigrant visa number has been approved. (Attach a copy of the approval notice, or a relative, special immigrant juvenile or special immigrant military visa petition filed with this application that will give you an immediately available visa number, if approved.)
- b. ☐ my spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category that allows derivative status for spouses and children.
- c. ☐ I entered as a K-1 fiancé(e) of a United States citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiancé(e). (Attach a copy of the fiancé(e) petition approval notice and the marriage certificate).
- d. ☐ I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.
- e. ☐ I am a native or citizen of Cuba admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least one year.
- f. ☐ I am the husband, wife or minor unmarried child of a Cuban described above in (e) and I am residing with that person, and was admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least one year.
- g. ☐ I have continuously resided in the United States since before January 1, 1972.
- h. ☐ Other basis of eligibility. Explain. If additional space is needed, use a separate piece of paper.

**I am already a permanent resident and am applying to have the date I was granted permanent residence adjusted to the date I originally arrived in the United States as a nonimmigrant or parolee, or as of May 2, 1964, whichever date is later, and: (Check one.)**

- i. ☐ I am a native or citizen of Cuba and meet the description in (e) above.
- j. ☐ I am the husband, wife or minor unmarried child of a Cuban, and meet the description in (f) above.

**For USCIS Use Only**

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
Applicant Interviewed	

**Section of Law**

- ☐ Sec. 209(b), INA  
☐ Sec. 13, Act of 9/11/57  
☐ Sec. 245, INA  
☐ Sec. 249, INA  
☐ Sec. 1 Act of 11/2/66  
☐ Sec. 2 Act of 11/2/66  
☐ Other \_\_\_\_\_

**Country Chargeable**

**Eligibility Under Sec. 245**

- ☐ Approved Visa Petition  
☐ Dependent of Principal Alien  
☐ Special Immigrant  
☐ Other \_\_\_\_\_

**Preference**

**Action Block**

**To be Completed by  
Attorney or Representative, if any**  
☐ Fill in box if G-28 is attached to represent the applicant.

VOLAG #

ATTY State License #

**Part 3. Processing information.**

A. City/Town/Village of Birth		Current Occupation	
Your Mother's First Name		Your Father's First Name	
Give your name exactly as it appears on your Arrival/Departure Record (Form I-94)			
Place of Last Entry Into the United States (City/State)		In what status did you last enter? (Visitor, student, exchange alien, crewman, temporary worker, without inspection, etc.)	
Were you inspected by a U.S. Immigration Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Nonimmigrant Visa Number		Consulate Where Visa Was Issued	
Date Visa Was Issued (mm/dd/yyyy)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Have you ever before applied for permanent resident status in the U.S.?		<input type="checkbox"/> No <input type="checkbox"/> Yes. If you checked "Yes," give date and place of filing and final disposition.	

**B. List your present husband/wife, all of your sons and daughters (If you have none, write "none." If additional space is needed, use separate paper).**

Family Name	Given Name	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No

**C. List your present and past membership in or affiliation with every organization, association, fund, foundation, party, club, society or similar group in the United States or in other places since your 16th birthday. Include any foreign military service in this part. If none, write "none." Include the name(s) of organization(s), location(s), dates of membership, from and to, and the nature of the organization(s). If additional space is needed, use a separate piece of paper.**


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**Part 3. Processing information. (Continued)**

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Please answer the following questions. (If your answer is "Yes" on any one of these questions, explain on a separate piece of paper. Answering "Yes" does not necessarily mean that you are not entitled to adjust status or register for permanent residence.)

1. Have you ever, in or outside the United States:
  - a. knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested? ☐ Yes ☐ No
  - b. been arrested, cited, charged, indicted, fined or imprisoned for breaking or violating any law or ordinance, excluding traffic violations? ☐ Yes ☐ No
  - c. been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action? ☐ Yes ☐ No
  - d. exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? ☐ Yes ☐ No
2. Have you received public assistance in the United States from any source, including the United States government or any state, county, city or municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future? ☐ Yes ☐ No
3. Have you ever:
  - a. within the past ten years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future? ☐ Yes ☐ No
  - b. engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? ☐ Yes ☐ No
  - c. knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the United States illegally? ☐ Yes ☐ No
  - d. illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance? ☐ Yes ☐ No
4. Have you ever engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to any person or organization that has ever engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking or any other form of terrorist activity? ☐ Yes ☐ No
5. Do you intend to engage in the United States in:
  - a. espionage? ☐ Yes ☐ No
  - b. any activity a purpose of which is opposition to, or the control or overthrow of, the government of the United States, by force, violence or other unlawful means? ☐ Yes ☐ No
  - c. any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information? ☐ Yes ☐ No
6. Have you ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? ☐ Yes ☐ No
7. Did you, during the period from March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist or otherwise participate in the persecution of any person because of race, religion, national origin or political opinion? ☐ Yes ☐ No
8. Have you ever engaged in genocide, or otherwise ordered, incited, assisted or otherwise participated in the killing of any person because of race, religion, nationality, ethnic origin or political opinion? ☐ Yes ☐ No
9. Have you ever been deported from the United States, or removed from the United States at government expense, excluded within the past year, or are you now in exclusion, deportation, removal or rescission proceedings? ☐ Yes ☐ No
10. Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act for use of fraudulent documents or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the United States or any immigration benefit? ☐ Yes ☐ No
11. Have you ever left the United States to avoid being drafted into the U.S. Armed Forces? ☐ Yes ☐ No
12. Have you ever been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement and have not yet complied with that requirement or obtained a waiver? ☐ Yes ☐ No
13. Are you now withholding custody of a U.S. citizen child outside the United States from a person granted custody of the child? ☐ Yes ☐ No
14. Do you plan to practice polygamy in the United States? ☐ Yes ☐ No

**Part 4. Signature.**

*(Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.)*

**Your registration with U.S. Citizenship and Immigration Services.**

"I understand and acknowledge that, under section 262 of the Immigration and Nationality Act (Act), as an alien who has been or will be in the United States for more than 30 days, I am required to register with U.S. Citizenship and Immigration Services. I understand and acknowledge that, under section 265 of the Act, I am required to provide USCIS with my current address and written notice of any change of address within **ten** days of the change. I understand and acknowledge that USCIS will use the most recent address that I provide to USCIS, on any form containing these acknowledgements, for all purposes, including the service of a Notice to Appear should it be necessary for USCIS to initiate removal proceedings against me. I understand and acknowledge that if I change my address without providing written notice to USCIS, I will be held responsible for any communications sent to me at the most recent address that I provided to USCIS. I further understand and acknowledge that, if removal proceedings are initiated against me and I fail to attend any hearing, including an initial hearing based on service of the Notice to Appear at the most recent address that I provided to USCIS or as otherwise provided by law, I may be ordered removed in my absence, arrested and removed from the United States."

**Selective Service Registration.**

**The following applies to you if you are a male at least 18 years old, but not yet 26 years old, who is required to register with the Selective Service System:** "I understand that my filing this adjustment of status application with U.S. Citizenship and Immigration Services authorizes USCIS to provide certain registration information to the Selective Service System in accordance with the Military Selective Service Act. Upon USCIS acceptance of my application, I authorize USCIS to transmit to the Selective Service System my name, current address, Social Security Number, date of birth and the date I filed the application for the purpose of recording my Selective Service registration as of the filing date. If, however, USCIS does not accept my application, I further understand that, if so required, I am responsible for registering with the Selective Service by other means, provided I have not yet reached age 26."

**Applicant's Certification.**

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

---

*Signature**Print Your Name**Date**Daytime Phone Number*

(      )

---

**NOTE:** *If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested document and this application may be denied.*

---

**Part 5. Signature of person preparing form, if other than above. (sign below)**

---

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

---

*Signature**Print Your Full Name**Date**Phone Number  
(Include Area Code)*

(      )

---

*Firm Name  
and Address**E-Mail Address (if any)*



**START HERE - Please Type or Print**

**Part 1. Information about you.**

Family Name	Given Name	Middle Initial
Address - C/O Edward Weiner, Catholic Charities		
Street Number and Name	Apt. #	
City Somerville		
State MA	Zip Code 02143	
Date of Birth (month/day/year)	Country of Birth	
08-14-65	Liberia	
Social Security #	A # (if any) A /	
000 000 000	A5 & A26	
Date of Last Arrival (month/day/year)	I-94 #	
03-11-84	026 00720007	
Current INS Status	Expires on (month/day/year)	
Deferred Action	09-28-01	

**Part 2. Application Type. (check one)**

- I am applying for adjustment to permanent resident status because:
- ☒ an immigrant petition giving me an immediately available immigrant visa number has been approved. (Attach a copy of the approval notice--or a relative, special immigrant juvenile, or special immigrant military visa petition filed with this application that will give you an immediately available visa number, if approved.)
  - ☐ My spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category which allows derivative status for spouses and children.
  - ☐ I entered as a K-1 fiancé(e) of a U.S. citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiancé(e). (Attach a copy of the fiancé(e) petition approval notice and the marriage certificate).
  - ☐ I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.
  - ☐ I am a native or citizen of Cuba admitted or paroled into the U.S. after January 1, 1959, and thereafter have been physically present in the U.S. for at least 1 year.
  - ☐ I am the husband, wife, or minor unmarried child of a Cuban described in (e) and am residing with that person, and was admitted or paroled into the U.S. after January 1, 1959, and thereafter have been physically present in the U.S. for at least 1 year.
  - ☒ I have continuously resided in the U.S. since before January 1, 1972.
  - ☐ Other basis of eligibility. Explain. (If additional space is needed, use a separate piece of paper.)

I am already a permanent resident and am applying to have the date I was granted permanent residence adjusted to the date I originally arrived in the U.S. as a nonimmigrant or parolee, or as May 2, 1964, whichever date is later, and: (Check one)

- ☐ I am a native or citizen of Cuba and meet the description in (e), above.
- ☐ I am the husband, wife or minor unmarried child of a Cuban, and meet the description in (f), above.

**FOR INS USE ONLY**

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
<input type="checkbox"/> Applicant Interviewed	

**Section of Law**

- ☐ Sec. 209(b), INA
- ☐ Sec. 13, Act of 9/11/57
- ☐ Sec. 245, INA
- ☐ Sec. 249, INA
- ☐ Sec. 1 Act of 11/2/66
- ☐ Sec. 2 Act of 11/2/66
- ☐ Other

**Country Chargeable**

**Eligibility Under Sec. 245**

- ☐ Approved Visa Petition
- ☐ Dependent of Principal Alien
- ☐ Special Immigrant
- ☐ Other

**Preference**

**Action Block**

To Be Completed by  
Attorney or Representative, if any

- ☒ Fill in box if G-28 is attached to represent the applicant

VOLAG#

ATTY State License # 640815

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Continued

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8594502

### Part 3. Processing Information

City/Town/Village of birth		Current occupation <b>Plant Technician</b>	
Your Mother's First Name <b>Helena</b>		Your Father's First Name <b>Louis</b>	
Give your name exactly as it appears on your Arrival /Departure Record (Form I-94)			
Place of Last Entry into the U.S. (City/State) <b>New York, NY</b>		In what status did you last enter? (Visitor, Student, exchange alien, crewman, temporary worker, without inspection, etc.) <b>Student</b>	
Were you inspected by a U.S. Immigration Officer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Nonimmigrant Visa Number		Consulate where Visa was issued <b>Monrovia, Liberia</b>	
Date Visa Was Issued (month/day/year) <b>03-06-84</b>	Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Marital Status: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Have you ever before applied for permanent resident status in the U.S.? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If you checked "Yes," give date and place of filing and final disposition.			

#### 3. List your present husband/wife, all your sons and daughters (if you have none, write "none". If additional space is needed, use separate paper).

Family Name	Given Name	Middle Initial	M.	Date of Birth (month/day/year) <b>05-11-65</b>
Country of birth <b>Egypt</b>	Relationship <b>Spouse</b>	A	# <b>Unknown</b>	Applying with you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Family Name	Given Name	Middle Initial	M	Date of Birth (month/day/year) <b>07-18-92</b>
Country of birth <b>USA</b>	Relationship <b>Son</b>	A	# <b>N/A</b>	Applying with you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Family Name	Given Name	Middle Initial	E	Date of Birth (month/day/year) <b>05-10-96</b>
Country of birth <b>USA</b>	Relationship <b>Son</b>	A	# <b>N/A</b>	Applying with you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Family Name	Given Name	Middle Initial		Date of Birth (month/day/year)
Country of birth	Relationship	A	#	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial		Date of Birth (month/day/year)
Country of birth	Relationship	A	#	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No

#### 4. List your present and past membership in or affiliation with every political organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other place since your 16th birthday. Include any foreign military service in this part. If none write "none". Include the name(s) of organization(s), location(s), dates of membership from and to, and the nature of the organization (s). If additional space is needed, use separate piece of paper.

I belonged to Theta Zeta Phi, an honors society, in college. I currently belong to the	Network and
Visiting Mom.	

### Part 3. Processing Information. (Continued)

Please answer the following questions. (If your answer is "Yes" to any of these questions, explain on a separate piece of paper. Answering "Yes" does not necessarily mean that you are not entitled to adjust your status or register for permanent residence.)

1. Have you ever, in or outside the U.S.:
  - a. knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested? ☐ Yes ☐ No
  - b. been arrested, cited, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations? ☐ Yes ☐ No
  - c. been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action? ☐ Yes ☐ No
  - d. exercised diplomatic immunity to avoid prosecution for a criminal offense in the U.S.? ☐ Yes ☐ No
2. Have you received public assistance in the U.S. from any source, including the U.S. government or any state, county, city, or municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future? ☐ Yes ☐ No
3. Have you ever:
  - a. within the past ten years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future? ☐ Yes ☐ No
  - b. engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? ☐ Yes ☐ No
  - c. knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the U.S. illegally? ☐ Yes ☐ No
  - d. illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the trafficking of any controlled substance? ☐ Yes ☐ No
4. Have you ever engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to, any person or organization that has ever engaged or conspired to engage, in sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity? ☐ Yes ☐ No
5. Do you intend to engage in the U.S. in:
  - a. espionage? ☐ Yes ☐ No
  - b. any activity a purpose of which is opposition to, or the control or overthrow of, the Government of the United States, by force, violence or other unlawful means? ☐ Yes ☐ No
  - c. any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information? ☐ Yes ☐ No
6. Have you ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? ☐ Yes ☐ No
7. Did you, during the period March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist or otherwise participate in the persecution of any person because of race, religion, national origin or political opinion? ☐ Yes ☐ No
8. Have you ever engaged in genocide, or otherwise ordered, incited, assisted or otherwise participated in the killing of any person because of race, religion, nationality, ethnic origin, or political opinion? ☐ Yes ☐ No
9. Have you ever been deported from the U.S., or removed from the U.S. at government expense, excluded within the past year, or are you now in exclusion or deportation proceedings? ☐ Yes ☐ No
10. Are you under a final order of civil penalty for violating section 274C of the Immigration Act for use of fraudulent documents, or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the U.S., or any other immigration benefit? ☐ Yes ☐ No
11. Have you ever left the U.S. to avoid being drafted into the U.S. Armed Forces? ☐ Yes ☐ No
12. Have you ever been a J nonimmigrant exchange visitor who was subject to the 2 year foreign residence requirement and not complied with that requirement or obtained a waiver? ☐ Yes ☐ No
13. Are you now withholding custody of a U.S. Citizen child outside the U.S. from a person granted custody of the child? ☐ Yes ☐ No
14. Do you plan to practice polygamy in the U.S.? ☐ Yes ☐ No

**Part 4. Signature.**

*(Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.)*

I certify under penalty of perjury under the laws of the United States of America that this application and the evidence submitted with it, is all true and correct. I authorize the release of any information from my records which the INS needs to determine eligibility for the benefit I am seeking.

**Selective Service Registration.** The following applies to you if you are a man at least 18 years old, but not yet 26 years old, who is required to register with the Selective Service System: I understand that my filing this adjustment of status with the Immigration and Naturalization Service authorizes the INS to provide certain registration information to the Selective Service System in accordance with the Military Selective Service Act. Upon INS acceptance of my application, I authorize INS to transmit to the Selective Service System my name, address, Social Security number, date of birth and the date I filed the application for the purpose of recording my Selective Service registration as of the filing date. If, however, the INS does not accept my application, I further understand that, if so required, I am responsible for registering with the Selective Service by other means, provided I have not yet reached age 26.

Signature



Print Your Name



Date

AUG. 11, 2001

Daytime Phone Number

**Please Note:** If you do not completely fill out this form, or fail to submit required documents listed in the instructions, you may not be found eligible for the requested document and this application may be denied.

**Part 5. Signature of person preparing form if other than above. (Sign Below)**

declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature



Print Your Name

Edward Weiner

Date

6/14/01

Day time Phone Number

617 625 1920

Firm Name  
and Address

Catholic Charities, 270 Washington Street  
Somerville MA 02143

# G-325A, Biographic Information

(Family name)		(First name)		(Middle name)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate (mm/dd/yyyy)		Citizenship/Nationality		File Number <b>A</b>		
All Other Names Used (Including names by previous marriages)						City and Country of Birth				U.S. Social Security # (If any)			
Father Family Name		First Name		Date, City and Country of Birth (If Known)				City and Country of Residence					
Mother (Maiden name)													
Husband (If none, so state) or Wife		Family Name (For wife, give maiden name)		First Name		Birthdate		City and Country of Birth		Date of Marriage		Place of Marriage	
Former Husbands or Wives (If none, so state)		Family Name (For wife, give maiden name)		First Name		Birthdate		Date and Place of Marriage		Date and Place of Termination of Marriage			
<b>Applicant's residence last five years. List present address first.</b>													
Street and Number				City		Province or State		Country		From Month Year		To Month Year	
												Present Time	
<b>Applicant's last address outside the United States of more than one year.</b>													
Street and Number				City		Province or State		Country		From Month Year		To Month Year	
<b>Applicant's employment last five years. (If none, so state.) List present employment first.</b>													
Full Name and Address of Employer						Occupation (Specify)		From Month Year		To Month Year			
												Present Time	
<b>Show below last occupation abroad if not shown above. (Include all information requested above.)</b>													
This form is submitted in connection with application for:						Signature of Applicant						Date	
<input type="checkbox"/> Naturalization <input type="checkbox"/> Status as Permanent Resident													
<input type="checkbox"/> Other (Specify):													
<b>Submit all copies of this form.</b>						If your native alphabet is in other than Roman letters, write your name in your native alphabet below:							

Penalties: Severe penalties are provided by law for knowingly and willfully falsifying or concealing a material fact.

**Applicant:** Be sure to put your name and Alien Registration Number in the box outlined by heavy border below.

Complete This Box (Family Name)	(Given Name)	(Middle Name)	(Alien Registration Number)

FORM G-325A  
BIOGRAPHIC INFORMATION

OMB No. 1115-0066

(Family name) S. H.	(First name) Louis	(Middle name)	<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	BIRTHDATE(Mo.-Day-Yr.) 05-11-65	NATIONALITY Liberian	FILE NUMBER A-111-111111
ALL OTHER NAMES USED (including names by previous marriages) None				CITY AND COUNTRY OF BIRTH County, Liberia		SOCIAL SECURITY NO. (if any) 2
FAMILY NAME FIRST NAME Louis		CITY AND COUNTRY OF BIRTH (if known) County, Liberia		CITY AND COUNTRY OF RESIDENCE Deceased 1984 Deceased 1976		
FATHER Helena		Liberia				
MOTHER (Maiden name)						
HUSBAND (if none, so state) OR WIFE		FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE 05-11-65	CITY & COUNTRY OF BIRTH Egypt	DATE OF MARRIAGE 09-28-91
						PLACE OF MARRIAGE Boston, MA, USA
FORMER HUSBANDS OR WIVES (if none, so state)						
FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE		DATE AND PLACE OF TERMINATION OF MARRIAGE
N/A						
APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.						
STREET AND NUMBER		CITY	PROVINCE OR STATE	COUNTRY	FROM MONTH YEAR	TO MONTH YEAR
		Malden	MA	USA	09 91	PRESENT TIME
APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR						
STREET AND NUMBER		CITY	PROVINCE OR STATE	COUNTRY	FROM MONTH YEAR	TO MONTH YEAR
		Monrovia		Liberia		
APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE) LIST PRESENT EMPLOYER FIRST						
FULL NAME AND ADDRESS OF EMPLOYER				OCCUPATION(S) SPECIFY	FROM MONTH YEAR	TO MONTH YEAR
S. H. Louis, USA				plant technician	02 00	PRESENT TIME
				landscaper	04 95	present
				nursery assistant	11 92	present
Show below last occupation abroad if not shown above. (Include all information requested above.)						
N/A						
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR: <input type="checkbox"/> NATURALIZATION <input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY):				SIGNATURE OF APPLICANT DATE AUG. 14, 2001		
Are all copies legible? <input checked="" type="checkbox"/> Yes				If your native alphabet is in other than Roman letters, write your name in your native script in this space: N/A		

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT:

BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN  
THE BOX OUTLINED BY THE HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family Name)	(Given Name)	(Middle Name)	(Alien registration number)
BARNARD	Hwiema	Louise	



Department of Homeland Security  
U.S. Citizenship and Immigration Services**I-765, Application for  
Employment Authorization****Do not write in this block.**

Remarks	Action Block	Fee Stamp
A#		
Applicant is filing under §274a.12 _____		

☐ Application Approved. Employment Authorized / Extended (*Circle One*) \_\_\_\_\_ until \_\_\_\_\_ (Date).  
 \_\_\_\_\_ (Date).  
 Subject to the following conditions:  
☐ Application Denied.  
☐ Failed to establish eligibility under 8 CFR 274a.12 (a) or (c).  
☐ Failed to establish economic necessity as required in 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)

I am applying for: ☐ Permission to accept employment.  
☐ Replacement of lost Employment Authorization Document.  
☐ Renewal of my permission to accept employment (*attach previous Employment Authorization Document*).

1. Name (Family Name in CAPS) (First) _____ (Middle) _____	11. Have you ever before applied for employment authorization from USCIS? <input type="checkbox"/> Yes (If yes, complete below) <input type="checkbox"/> No Which USCIS Office? _____ Date(s) _____
2. Other Names Used (Include Maiden Name) _____	Results (Granted or Denied - attach all documentation) _____
3. Address in the United States (Number and Street) _____ (Apt. Number) _____ (Town or City) _____ (State/Country) _____ (ZIP Code) _____	12. Date of Last Entry into the U.S. (mm/dd/yyyy) _____
4. Country of Citizenship/Nationality _____	13. Place of Last Entry into the U.S. _____
5. Place of Birth (Town or City) _____ (State/Province) _____ (Country) _____	14. Manner of Last Entry (Visitor, Student, etc.) _____
6. Date of Birth (mm/dd/yyyy) _____ 7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	15. Current Immigration Status (Visitor, Student, etc.) _____
8. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	16. Go to <b>Part 2</b> of the Instructions, Eligibility Categories. In the space below place the letter and number of the category you selected from the instructions. (For example, (a)(8); (c)(17)(iii); etc.)  Eligibility under 8 CFR 274a.12 ( ) ( ) ( )
9. U.S. Social Security Number (Include all numbers you have ever used, if any) _____	
10. Alien Registration Number (A-Number) or I-94 Number (if any) _____	

**Certification.**

**Your Certification:** I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the Instructions in **Part 2** and have identified the appropriate eligibility category in **Block 16**.

Signature \_\_\_\_\_ Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

**Signature of person preparing form, if other than above:** I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Print Name \_\_\_\_\_ Address \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Remarks	Initial Receipt	Resubmitted	Relocated			Completed		
			Rec'd	Sent	Approved	Denied	Returned	



**Notice of Entry of Appearance  
as Attorney or Representative**

**Appearances** - An appearance shall be filed on this form by the attorney or representative appearing in each case. Thereafter, substitution may be permitted upon the written withdrawal of the attorney or representative of record or upon notification of the new attorney or representative. When an appearance is made by a person acting in a representative capacity, his personal appearance or signature shall constitute a representation that under the provisions of this chapter he is authorized and qualified to represent. Further proof of authority to act in a representative capacity may be required. **Availability of Records** - During the time a case is pending, and except as otherwise provided in 8 CFR 103.2(b), a party to a proceeding or his attorney or representative shall be permitted to examine the record of proceeding in a Service office. He may, in conformity with 8 CFR 103.10, obtain copies of Service records or information therefrom and copies of documents or transcripts of evidence furnished by him. Upon request, he/she may, in addition, be loaned a copy of the testimony and exhibits contained in the record of proceeding upon giving his/her receipt for such copies and pledging that it will be surrendered upon final disposition of the case or upon demand. If extra copies of exhibits do not exist, they shall not be furnished free on loan; however, they shall be made available for copying or purchase of copies as provided in 8 CFR 103.10.

In re:	Date:
	File No.

I hereby enter my appearance as attorney for (or representative of), and at the request of the following named person(s):

Name:	<input type="checkbox"/> Petitioner <input type="checkbox"/> Applicant
	<input type="checkbox"/> Beneficiary
Address: (Apt. No.) (Number & Street) (City) (State) (Zip Code)	
Name:	<input type="checkbox"/> Petitioner <input checked="" type="checkbox"/> Applicant
	<input type="checkbox"/> Beneficiary
Address: (Apt. No.) (Number & Street) (City) (State) (Zip Code)	

Check Applicable Item(s) below:

<input type="checkbox"/> 1. I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia _____ and am not under a court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law. <div style="text-align: center; font-size: small;">Name of Court</div>	
<input type="checkbox"/> 2. I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:	
<input type="checkbox"/> 3. I am associated with _____ the attorney of record previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2 whichever is appropriate.)	
<input type="checkbox"/> 4. Others (Explain Fully.)	
SIGNATURE	COMPLETE ADDRESS
NAME (Type or Print)	TELEPHONE NUMBER

PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS:

\_\_\_\_\_  
(Name of Attorney or Representative)

THE ABOVE CONSENT TO DISCLOSURE IS IN CONNECTION WITH THE FOLLOWING MATTER:

Name of Person Consenting	Signature of Person Consenting	Date
(NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)		

This form may not be used to request records under the Freedom of Information Act or the Privacy Act. The manner of requesting such records is contained in 8CFR 103.10 and 103.20 Et.SEQ.

**NOTE:** The completion of this form is optional. Any written format for Freedom of Information or Privacy Act requests is acceptable.

**START HERE - Please type or print in black ink. Read instructions before completing this form.**

**1. Type of Request:** (Check appropriate box.)

- ☐ Freedom of Information Act (FOIA). (Complete all items except Number 6.)  
☐ Privacy Act (PA). (Number 6 must be completed in addition to all other applicable items.)  
☐ Amendment. (PA only. Number 5 must be completed in addition to all other applicable items.)

**2. Requester Information.**

Name of Requester: (Last, First and Middle Names)		Date (mm/dd/yyyy)	Daytime Telephone: ( )
Address (Street Number and Name):			Apt. Number:
City:	State:	Zip Code:	

**By my signature, I consent to the following:**

Pay all costs incurred for search, duplication and review of materials up to \$25.00, when applicable. (See Instructions.)

Signature of requester: \_\_\_\_\_

- ☐ Deceased Subject - Proof of death must be attached. (Obituary, Death Certificate or other proof of death required.)

**3. Consent to Release Information.** (Complete if name is different from Requester). (Numbers 7 and 8 must be completed.)

Print Name of Person Giving Consent:	Signature of Person Giving Consent: (Original signature required.)
--------------------------------------	--

**By my signature, I consent to the following:** (Check applicable boxes.)

- ☐ Allow the Requester named in Number 2 above: ☐ All of my records, or ☐ A portion of my records. (If a portion, specify what part, i.e. copy of application.)

(Consent is required for records of U. S. citizens (USC) and Lawful Permanent Residents (LPR).)

**4. Information needed to search for record(s).**

Specific information, document(s) or record(s) desired: (Identify by name, date, subject matter and location of information.)

**Purpose:** (Optional: You are not required to state the purpose of your request. However, doing so may assist USCIS to locate the records needed to respond to your request.)

**5. Data Needed on Subject of Record.** (If data marked with an asterisk (\*) is not provided, records may not be located.)

* Family Name:	Given Name:		Middle Name:
* Other names used, if any:	* Name at time of entry into the U.S.:		I-94 Admissions #:
* Alien Registration Number:	* Petition or Claim Receipt #:	* Country of Birth:	* Date of Birth (mm/dd/yyyy)
Names of other family members that may appear on requested record(s) (i.e., Spouse, Daughter, Son):			
Father's Name	First	Middle	Last
Mother's Name	First	Middle	Last (Include Maiden Name)

Country of Origin: <i>(Place of Departure)</i>	Port-of-Entry Into the U.S.:	Date of Entry:
Manner of Entry: <i>(Air, Sea, Land)</i>	Mode of Travel: <i>(Name of Carrier)</i>	U.S. Social Security Number:
Name on Naturalization Certificate:	Certificate #:	Naturalization Date:
Address on Date of Naturalization:	Court and Location:	

**6. Verification of Subject's Identity:** *(See Instructions for explanation. Check one box.)*

☐ In-Person With ID      ☐ Notarized Affidavit of Identity      ☐ Other *(Specify)* \_\_\_\_\_

**7. Signature of Subject of Record:**

*(Original signature required)* \_\_\_\_\_

Date: \_\_\_\_\_

Telephone No.: (     ) \_\_\_\_\_

**8. Notary:** *(Normally needed from persons who are the subject of the record sought or for a sworn declaration under penalty of perjury. See below.)*

Subscribed and sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_ in the Year \_\_\_\_\_

Signature of Notary \_\_\_\_\_ My Commission Expires on \_\_\_\_\_

**OR**

**NOTE:** *If a declaration is provided in lieu of a notarized signature, it must state at a minimum the following: (Include Notary Seal or Stamp in the appropriate space below.)*

**Executed outside U.S.**

If executed outside the United States: "I declare (certify, verify, or state) under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Signature: \_\_\_\_\_

**Executed in U.S.**

If executed within the United States, its territories, possessions or commonwealths: "I declare (certify, verify or state) under penalty of perjury that the foregoing is true and correct.

Signature: \_\_\_\_\_

**(Seal/Stamp)**

**(Seal/Stamp)**

**Do not write in this block.**

Remarks	Action Block	Fee Stamp
A#		
Applicant is filing under §274a.12 _____		
<input type="checkbox"/> Application Approved. Employment Authorized / Extended ( <i>Circle One</i> ) until _____ (Date). _____ (Date). Subject to the following conditions: _____		
<input type="checkbox"/> Application Denied. <input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c). <input type="checkbox"/> Failed to establish economic necessity as required in 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)		

I am applying for: ☐ Permission to accept employment.  
☐ Replacement of lost Employment Authorization Document.  
☐ Renewal of my permission to accept employment (*attach previous Employment Authorization Document*).

1. Name (Family Name in CAPS) (First) _____ (Middle) _____	11. Have you ever before applied for employment authorization from USCIS? <input type="checkbox"/> Yes (If yes, complete below) <input type="checkbox"/> No Which USCIS Office? _____ Date(s) _____
2. Other Names Used (Include Maiden Name) _____	Results (Granted or Denied - attach all documentation) _____
3. Address in the United States (Number and Street) _____ (Apt. Number) _____ (Town or City) _____ (State/Country) _____ (ZIP Code) _____	12. Date of Last Entry into the U.S. (mm/dd/yyyy) _____
4. Country of Citizenship/Nationality _____	13. Place of Last Entry into the U.S. _____
5. Place of Birth (Town or City) _____ (State/Province) _____ (Country) _____	14. Manner of Last Entry (Visitor, Student, etc.) _____
6. Date of Birth (mm/dd/yyyy) _____ 7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	15. Current Immigration Status (Visitor, Student, etc.) _____
8. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	16. Go to <b>Part 2</b> of the Instructions, Eligibility Categories. In the space below place the letter and number of the category you selected from the instructions. (For example, (a)(8); (c)(17)(iii); etc.)
9. U.S. Social Security Number (Include all numbers you have ever used, if any) _____	Eligibility under 8 CFR 274a.12 ( ) ( ) ( )
10. Alien Registration Number (A-Number) or I-94 Number (if any) _____	

**Certification.**

**Your Certification:** I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the Instructions in **Part 2** and have identified the appropriate eligibility category in **Block 16**.

Signature \_\_\_\_\_ Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

**Signature of person preparing form, if other than above:** I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Print Name \_\_\_\_\_ Address \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Remarks	Initial Receipt	Resubmitted	Relocated		Completed		
			Rec'd	Sent	Approved	Denied	Returned

# THE UNITED STATES OF AMERICA

Early U Visa application/Interim Relief Request		Notice of Deferred Action	
INITIAL		Applicant	A Number
Notice Date October 17, 2003	Page 1	Derivative	A Number

330 WASHINGTON AVE  
NEWARK, NH 07102

A review of your request for interim relief has determined that you may be eligible for U nonimmigrant status under section 101(a)(15)(U) of the Immigration and Nationality Act. Therefore, CIS has decided to place your case in deferred action. This is an administrative choice to give some cases lower priority for removal while implementing regulations are being promulgated. CIS does not anticipate instituting action for removal at this time. Deferred action will remain in effect for a period of one year unless it is terminated earlier for reasonable cause and upon appropriate notice.

THIS DEFERRED ACTION NOTICE IS VALID FOR A PERIOD OF ONE YEAR FROM THE NOTICE DATE SHOWN ABOVE, AND EXPIRES ON THE DATE INDICATED BELOW. A COPY OF THIS NOTICE MUST ACCOMPANY ANY REQUEST FOR AN EXTENSION OF THIS DETERMINATION.

PLEASE NOTE: DEFERRED ACTION DOES NOT CONFER ANY IMMIGRATION STATUS, AND THE DECISION TO ASSESS DEFERRED ACTION DOES NOT MEAN THAT A SUBSEQUENT APPLICATION FOR U NONIMMIGRANT STATUS WILL BE APPROVED.

DEFERRED ACTION EXPIRATION DATE: October 17, 2004

## Employment Authorization

Pursuant to 8 CFR Sec. 274a.12(c) (14), an alien who is under deferred action is eligible to submit an application for employment authorization if the alien establishes an economic necessity for employment. This application, on Form I-765, should be filed with this office. The alien must provide information regarding his or her assets, income and expenses in accordance with the instructions on the Form I-765.

## Extension of Deferred Action

In order to extend Deferred Action, you must do one (1) of the following:

1. File Form I-765 for Employment Authorization, pursuant to 8 CFR Sec 274a.12(c) (14) WITH THIS OFFICE. If you still qualify, Deferred Action will be extended at the time your application for employment is approved.
2. Request in writing for an extension of Deferred Action.

If you are represented by an attorney, all further correspondence should be accompanied by Form G-28.

**THIS FORM DOES NOT CONSTITUTE EMPLOYMENT AUTHORIZATION NOR MAY IT BE USED IN PLACE OF AN EMPLOYMENT AUTHORIZATION DOCUMENT.**

You will be notified separately about any other applications or petitions you filed. Save this notice. Please enclose a copy of it if you write to us about this case, or if you file another application based on this decision. Our address is:

BUREAU OF CITIZENSHIP AND IMMIGRATION SERVICES  
VERMONT SERVICE CENTER  
75 LOWER WELDEN STREET  
ST. ALBANS, VT 05479-0001

## **Innovation Description**

Program Name: Legal Action of Wisconsin, Inc.

Address: 230 W. Wells, Suite 800  
Milwaukee, Wisconsin 53203  
Phone: 414-278-7722 extension 3039

Fax: 414-278-5853

Email: [dap@legalaction.org](mailto:dap@legalaction.org)

Program Director: David Pifer

Contact Person: David Pifer

Subject Area: Legal Representation on barriers to employment, including driver's license restoration, criminal record issues, eviction, and non-custodial parent child support problems.

Project Title: LIFE (Legal Intervention For Employment)

- A. Problem: Low-income individuals face legal problems that hinder or prevent finding or keeping family supporting employment that will allow them to leave poverty. This includes the denial of access to education and training because of legal problems. The barriers are compounded for individuals who are reentering society from the criminal justice system.
- B. Innovation: 1. Targeting legal representation to improve employment prospects. 2. Development of a referral based community network that links legal representation with employment and social services. 3. Combining social work and employment case management with legal services through joint agency collaboration. 4. Getting other agency's to include legal services in their grant proposals.
- C. Result: 1. Improved employment opportunities. 2. Improved and stronger working relationships with community based organizations. 3. Improved likelihood of success because of coordinated social and legal services. 4. Increased funding for legal services through community collaboration.
- D. Replication: The model can be replicated in any community because legal barriers to employment confront all low-income clients. To do so requires development of a community network, consensus on the legal issues, the willingness to do legal work not normally done in legal service firms, and the ability to collaborate with other agencies.

E. Materials Available: Concept paper, proposals, and program description.

## **THE LIFE PROJECT: OVERCOMING LEGAL BARRIERS TO EMPLOYMENT**

The welfare-to-work movement has caused a major shift in public benefits: indefinite entitlements are gone and the new emphasis is on work, child support collection, and employment training. This shift has exposed several unexpected barriers -- barriers that prevent parents from finding living wage employment. Some of these unexpected barriers are legal problems, such as the lack of a driver's license, an unexpected eviction, child support problems, and criminal background issues. Since 1999, Legal Action of Wisconsin's *Legal Intervention for Employment* (LIFE) project has helped Milwaukee County residents resolve these legal barriers to better employment. LIFE project attorneys and paralegals help parents as they strive to leave welfare, find family supporting jobs, and pay child support. In 2004 the LIFE project received the first year of funding from Congress for the purpose of formally evaluating the project. On October 1, 2004, the Alliance for Children and Families, and Legal Action of Wisconsin, embarked on a bold pilot project to show that legal intervention helps low-income individuals find and keep family supporting jobs, when the legal problems interfere with that employment. The LIFE project completed initial staff hiring in Milwaukee on October 1, 2004 and in Wausau and Green Bay on December 1, 2004. Twenty-six community agencies now make referrals to the project. Between October 1, 2004 and December 31, 2005 the Legal Intervention for Employment project (LIFE) opened over four hundred cases.

The Alliance for Children and Families, in collaboration with Legal Action of Wisconsin, proposes to continue the evaluation project and significantly expand this promising approach to additional Wisconsin communities. Expansion into other areas will allow for a more substantial test of the project concepts.

These legal problems are both ubiquitous and serious. For instance, many poor people have a suspended or revoked driver's license from unpaid traffic violations. In 2005, 50.19% of all revocations or suspensions were for failure to pay a fine, and another 7.03% were for violations unrelated to safe driving. Only 42.78% of revocations and suspension were for unsafe driving. A typical scenario: a poor person commits a traffic violation and receives a fine for that



violation. They can't afford to pay the fine, so their license is suspended. And, because they still need to get to work, they continue to drive. If they are stopped again for a different traffic violation, they are now driving without a valid license and they receive a fine for driving with a suspended license. The snowball effect continues. Soon, their license is revoked. If they continue to drive to work, they risk more violations and fines. If they don't drive, they lose their job or can't look for a job.

Similarly, some poor people have criminal background records. Because employers now have easy access to criminal background information and routinely check criminal history, these criminal background records discourage employers from hiring them. In Wisconsin, a person's criminal background record is an arrest record. Often, employers wrongly equate this arrest record with a conviction record, even if the arrest did not result in a conviction and even if the person committed a misdemeanor or a very old crime. An employer simply obtains the job seeker's criminal background record, sees the arrest records, considers them all convictions, and does not hire the applicant or fires the worker.

Child support arrearage and overwhelming current child support obligations are also often an employment barrier. The job seeker will be dissuaded from working if they come away on payday with virtually no money because their wages are garnished to meet child support obligations. Of course, the child needs the financial support, but there can be a better balance between meeting the child's needs and eliminating employment barriers. And, in the short run, if the person is working, the child will receive some support rather than none. In the long run, the child will receive more and more support if we eliminate employment barriers.

Evictions are inherently disruptive. The tenant is forced to spend her time and energy finding a home for her children and protecting her possessions from destruction. She must focus on the emergency and sometimes misses work or is unable to find work. If the person becomes homeless, she enters a vicious cycle: no home means no work and no work means no home. Eviction prevention is critical to maintaining the family stability necessary for keeping or finding employment.

For the working poor, these barriers – child support obligations, criminal background records, revoked driver's licenses, and evictions -- and many similar ones often result in no job at all or a minimum wage job instead of a living wage that helps families, children, and the community.

Because these barriers are civil legal problems and can be solved with the help of lawyers, the LIFE Project has been extremely successful in helping Milwaukee County's low-income parents leave welfare, find family supporting jobs, and pay child support. In fact, as documented by the Milwaukee County Office of Child Support Enforcement, the LIFE project has helped Milwaukee County achieve up to a 40% annual success rate in getting Welfare-to-Work participants to make repeated child support payments, while the rest of the state (where the LIFE project is not available) has only been able to obtain a 2% success rate.

LIFE has attracted the support of Wisconsin Works (TANF) agencies in Milwaukee County. Several have elected to contract for the services of the LIFE project because this legal intervention makes the Wisconsin Works participants and agencies succeed. Separately, Welfare-to-Work agencies - Wisconsin Correctional Service and New Hope - have discovered that these legal services function as a recruitment tool for their target populations. They report that clients enroll in their services to get the LIFE Project's legal representation.

### **Target Population**

The LIFE Expansion Project will target unemployed or underemployed custodial and non-custodial parents, along with childless individuals, who desire to find living wage employment, but who have legal problems impeding their employment efforts. We will place special emphasis on individuals who are receiving public benefits, facing child support enforcement actions (other than felony nonsupport), or participating in employment training, apprenticeship or faith-based programs.

### **Direct Project Services**

Currently, LIFE project clients identify four legal problem areas as major barriers to finding and keeping employment: child support, driver's licenses, eviction, and criminal background problems. The LIFE Expansion Project will address each of these areas and will add

domestic violence as a focus area. The Alliance and Legal Action together will develop referral systems, coordinate service delivery, and develop streamlined legal representation systems in collaboration with each community's welfare, employment training, and child support agencies as well as courts and administrative agencies.

### ***Drivers License Representation***

The LIFE Expansion Project will represent clients who are experiencing difficulty obtaining or maintaining employment because they have a suspended or revoked driver's license. Project staff will negotiate license reinstatements, fine repayment agreements, and seek to vacate or modify old tickets to remove revocations or suspensions. Legal Action has already developed systems and relationships to conduct this intervention. From 1999 through 2005, the LIFE project helped 2,504 clients toward driver's license restoration. For those clients, Legal Action provided 76.2% with advice and 23.8% with representation. The LIFE Project helped lift license suspensions or revocations, vacated cases, arranged payment plans, or removed improper license restrictions. LIFE project representation resulted in 245 citizens immediately obtaining a license. Moreover, it is likely that the LIFE Project's services helped many other clients obtain their licenses after the LIFE Project closed the case.

### ***Child Support Representation***

The LIFE Expansion Project will represent clients who are experiencing difficulty obtaining or maintaining employment because of child support problems. By working closely with local child support offices, the Project will negotiate incentive agreements and partial payment plans that avoid further enforcement actions in exchange for the current child support payment. Legal Action staff has used this system for five years and has resolved many child support problems. From 1999 through 2005, the LIFE project helped 667 clients with child support matters. For these clients, project staff provided 58.3% with advice and 41.7% with representation and resolved child support problems that interfered with parents' efforts to find and keep employment. Almost 40% of LIFE clients made on-going child support payments following intervention.

### ***Criminal Background Record Representation***

The LIFE Expansion Project will represent clients who are experiencing difficulty obtaining or maintaining employment because of a criminal history. Staff will represent clients in completing their official record, clarifying inaccuracies or errors, and removing arrests, when appropriate. The Project will also help clients explain their criminal records to current or potential employers. The Wisconsin Caregiver Law causes unique barriers for health care and childcare employment seekers who have criminal records. It prohibits people from working in these fields if they have a criminal background. LIFE will represent clients in resolving Caregiver Law problems. This may be as simple as talking with an employer or training program to clear up a misapplication of the law. Or, the Project may help the client seek a rehabilitation determination. From 1999 through 2005, the LIFE project helped 795 clients solve criminal background problems. For those clients 57.4% received advice and 42.6% received representation, improving their employment prospects by completing, correcting, or cleaning up the criminal record. Representation immediately resulted in the completion and correction of background records for 368 clients.

### ***Eviction Representation***

The LIFE Expansion Project will represent clients who are experiencing difficulty obtaining or maintaining employment because of threatened or pending evictions. In rent nonpayment cases, project staff will work with other agencies to identify funds to pay any rental arrearage. Intervention strategies include landlord negotiations and small claims court defense against illegal or defective eviction actions. From 1999 through 2005, the LIFE project helped 1,193 clients address threatened eviction. For those clients, LIFE provided 36.3% with advice and 63.7% with representation to prevent eviction or homelessness. The LIFE Project has prevented eviction in over 657 cases.

### ***Service Territory***

The LIFE project's service territory will be Milwaukee, Brown, Marathon, Wood, and Portage Counties.

## **The LIFE Project: Overcoming Legal Barriers to Employment**

The Legal Intervention for Employment (LIFE) Project helps people attack the legal barriers that limit their ability to move from poverty to full employment and economic stability. Our clients are men and women of all ages seeking help with civil law issues while attempting to raise children, find jobs, and meet their obligations as noncustodial parents. Some are also individuals attempting to do those things after release from prison or with criminal convictions on their records.

Since 1999, Legal Action of Wisconsin's LIFE Project has focused on helping poor Milwaukeeans avoid eviction, manage child support, correct criminal records and obtain valid driver's licenses because these problems either make people unemployable or limit their access to decent, full-time jobs. In the last five years, we have seen how these legal barriers interact with, and exacerbate, the traditional social barriers facing low-income men and women.

Our clients typically find themselves faced with child support orders that were set without their input or participation—and with child support arrears. Most lack valid driver's licenses, a credential increasingly vital to accessing many entry-level jobs and work-training programs. And, more and more commonly, they find that their access to the jobs they have previously held—as drivers, health care-providers, and construction workers—is limited by statute or because their criminal records are misunderstood or misused.

The LIFE Project recognizes that all these legal problems hinder the ability to find and keep family-supporting employment. We thus provide representation to help clients become validly licensed so they can apply for jobs and training programs that are the first step towards economic stability. We help our clients seek reasonable child support orders and alternate payment plans that will allow them simultaneously to become part of their children's lives and to survive while they secure stable employment. We also help our clients deal with the multitude of problems that come from having a criminal record. Most criminal record databases are inaccurate and incomplete, which means we have to help many of our clients remove misleading information from their records. We assist reentering offenders who seek occupational licenses or the ability to respond to health care employment restrictions. We have also begun to challenge arguably unconstitutional restrictions on exoffenders, statutes and administrative rules that seek to make even very old convictions permanent barriers to employment.

The LIFE Project works closely with employment training and job search programs to improve our mutual clients' chances of success. We recognize that legal services alone are not enough. Those services must be provided in the context of the larger network of social programs needed to support individuals. As a law firm, we thus stand alone in our integrated approach to the complex problems faced by our low-income clients.

## **The LIFE Project: Overcoming Legal Barriers to Employment and Reentry**

The Legal Intervention for Employment (LIFE) Project helps people attack the legal barriers that limit their ability to move from poverty to full employment and economic stability. Our clients are men and women of all ages seeking help with civil law issues while attempting to raise children, find jobs, and meet their obligations as noncustodial parents. Increasingly, they are also individuals attempting to do those things after release from prison or with criminal convictions on their records.

Since 1999, Legal Action of Wisconsin's LIFE Project has focused on helping poor Milwaukeeans avoid eviction, manage child support, correct criminal records and obtain valid driver's licenses because these problems either make people unemployable or limit their access to decent, full-time jobs. In the last five years, we have seen how these legal barriers interact with, and exacerbate, the traditional social barriers facing men and women "reentering" society after their release from prison.

Reentering offenders typically find themselves faced with child support orders that were set without their input or participation—and with heavy child support arrears that can trigger new criminal actions or discourage efforts to find work. Most lack valid driver's licenses, a credential increasingly vital to accessing many entry-level jobs and work-training programs. And, more and more commonly, they find that their access to the jobs they have previously held—as drivers, health care-providers, and construction workers—is limited by statute or because their criminal records are misunderstood or misused.

The LIFE Project recognizes that all these legal problems hinder reentry. We thus provide representation to help reentering offenders become validly licensed so they can apply for the interim jobs and training programs that are the first step towards economic stability. We help our clients seek reasonable child support orders and alternate payment plans that will allow them simultaneously to become part of their children's lives and to survive while they reintegrate into their communities. We also help our clients deal with the multitude of problems that come from having a criminal record. Most criminal record databases are inaccurate and incomplete, which means we have to help many of our clients remove misleading information from their records. We assist reentering offenders who seek occupational licenses or the ability to respond to health care employment restrictions. We have also begun to challenge arguably unconstitutional restrictions on exoffenders, statutes and administrative rules that seek to make even very old convictions permanent barriers to employment.

The LIFE Project works closely with employment training and other reentry programs to improve our mutual clients' chances of success. We recognize that legal services alone are not enough. Those services must be provided in the context of the larger network of social programs needed to support reentering offenders. As a law firm, we thus stand alone in our integrated approach to the complex problems faced by our low-income clients, and faced, most especially, by those recently released from prison.



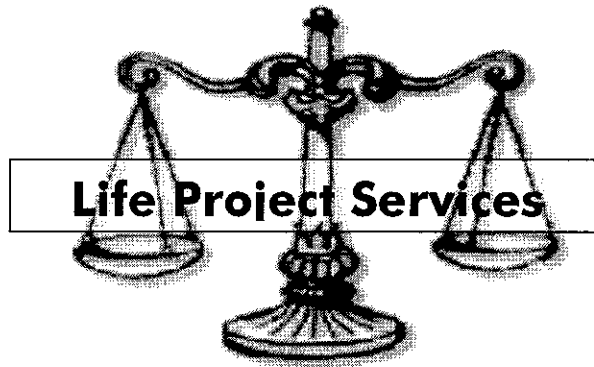
## **THE LIFE PROJECT: OVERCOMING LEGAL BARRIERS TO EMPLOYMENT**

### **Description**

The LIFE (Legal Intervention For Employment) Project will address legal barriers that prevent people from finding living wage employment. These legal barriers include the lack of a driver's license, evictions, child support problems, criminal background issues, and workplace domestic violence. The LIFE project attorney will help parents as they strive to leave welfare, find family supporting jobs, and pay child support.

### **Background**

The welfare-to-work movement has caused a major shift in public benefits: indefinite entitlements are gone and the new emphasis is on work, child support collection, and employment training. This shift has exposed several unexpected barriers -- barriers that prevent parents from finding living wage employment. Some of these unexpected barriers are legal problems, such as the lack of a driver's license, an unexpected eviction, child support problems, and criminal background issues. Since 1999, Legal Action of Wisconsin's LIFE project has helped Milwaukee County residents resolve these legal barriers to better employment. LIFE project attorneys and paralegals help parents as they strive to leave welfare, find family supporting jobs, and pay child support. In 2004 the LIFE project received the first year of funding from Congress to expand and formally evaluate the project. The Alliance for Children and Families will help implement the project and will complete the formal evaluation. Expansion into other communities will allow for a more substantial test of the project concepts.



### **Drivers License Issues**

Many poor people have a suspended or revoked driver's license from unpaid traffic violations. The LIFE attorney will negotiate license reinstatements, fine repayment agreements, and seek to vacate or modify old tickets to remove revocations or suspensions.

### **Criminal Background Issues**

Employers now have easy access to criminal background information and routinely check criminal history, these records discourage employers from hiring people with criminal backgrounds. Staff will represent clients in completing their official record, clarifying inaccuracies or errors, and removing arrests, when appropriate. The Project will also help clients explain their criminal records to current or potential employers.

### **Eviction Issues**

Evictions are inherently disruptive. The tenant is forced to spend their time and energy finding a home and sometimes misses work or is unable to find work. In rent nonpayment cases, project staff will work with other agencies to identify funds to pay any rental arrearage. Intervention strategies include landlord negotiations and small claims court defense against illegal or defective eviction actions.

### **Domestic Violence Issues**

Often, domestic violence is a hidden employment barrier. The domestic violence victim cannot search for work because of injuries or because the abuser controls when she can leave the house. She can't keep a job because her abuser continually harasses her at work, interferes with her work schedule, physically injures her or is uncooperative with transportation and child-care. The LIFE expansion



project will represent victims who are experiencing difficulty obtaining or maintaining employment because of domestic violence.

### **Child Support Issues**

Child support arrearage and overwhelming current child support obligations are often an employment barrier. The job seeker will be dissuaded from working if they come away on payday with virtually no money because of child support obligations. Of course, the child needs the financial support, but there can be a better balance between meeting the child's needs and eliminating employment barriers. By working closely with local child support offices, the Project will negotiate incentive agreements and partial payment plans that avoid further enforcement actions in exchange for the current child support payment. LIFE project staff will explain a client's child support obligation, work with the client to resolve problems and structure their obligation so that the client no longer views child support payments as a reason not to work.

### **Target Population**

The LIFE Expansion Project will target unemployed or underemployed custodial and non-custodial parents who desire to find living wage employment, but who have legal problems impeding their employment efforts. Domestic violence services will be available to all victims whether they have children or not. We will place special emphasis on individuals who are receiving public benefits, facing child support enforcement actions (other than felony nonsupport), or participating in employment training, apprenticeship or faith-based programs.

### **Limitations**

There will be certain limitations on the project's services:

- (1) The services will be limited to persons residing in the project service areas of Portage, Wood, and Marathon Counties;
- (2) The services will be provided only to persons having a gross monthly household income of less than 200% of the Federal Poverty Level;
- (3) No services will be provided to undocumented aliens or incarcerated individuals;
- (4) No assistance will be provided to help obtain citizenship or permanent or temporary residency.

## CENTER FOR DRIVER'S LICENSE RECOVERY & EMPLOYABILITY

The Center for Driver's License Recovery & Employability is a significant collaborative and comprehensive effort to reduce the huge numbers of unlicensed driver's in Milwaukee County. The Center is a collaboration with solid, extremely well established, highly experienced partners including Justice 2000 (lead partner), Milwaukee Area Technical college (MATC), Legal Action of Wisconsin (LAW), the local district of the State of Wisconsin Circuit Court, the City of Milwaukee Municipal Court – all of which have played leadership roles on the project since its inception in May 2005, and all of which bring unique experience and skills for its successful implementation. Understanding the strength of these major partners lends strength to the project.

### **Project Partners: Organization Mission and History**

**Justice 2000 Mission and History:** Justice 2000's mission is twofold: (1) to assist people caught in the criminal justice system avoid incarceration, or obtain early release, by offering community supervision in conjunction with social services and treatment interventions; and (2) to assist governments, agencies and organizations improve the overall effectiveness of the of the communities criminal justice system.

Justice 2000, incorporated as a 501 (c) (3) non-profit organization in March 2001, was established by individuals previously associated with Wisconsin Community Service (WCS), who, together with a recently added WCS data design and analysis expert, have over 100 years of collective experience serving the justice system with primary expertise in pretrial and mental health services. Justice 2000 presently has a staff of over 40 persons and successfully provides a wide range of pretrial services for the Milwaukee County Circuit Court, the City of Milwaukee Municipal Court and the Racine County Jail. It has also provided special services to the Archdiocese of Milwaukee Support Foundation (AMS) and the National Association of Pretrial Services (NAPSA).

It is Justice 2000's work with the courts that has given it expertise and interest in the problems of persons who are in trouble with the law because they have lost driver's licenses. Roughly 1,000 cases a month come to the City of Milwaukee Municipal Court and a slightly lower amount to the state circuit court involving driving while licenses are either suspended or revoked. "Driving after Revocation" cases constitute the largest single crime charged in Milwaukee County, and Justice 2000 staff members (before 2001 working for WCS) have been assisting these offenders for over 20 years.

**Legal Action of Wisconsin Mission and Brief History:** Established in 1967 Legal Action of Wisconsin (LAW) is the largest staff-based provider of civil legal services for low-income Wisconsin persons through direct representation and training and education programs. LAW staff and volunteer attorneys provide advice and legal representation in the following areas: Public Benefits/Health Law; Family Law; Housing; Education; Jobs/Economic Development; Senior LAW and Migrant Project. Through its Jobs/Economic Development projects LAW works to remove legal barriers to employment and other related issues. The Jobs/Economic Development staff provides advice, community education and representation on matters relating to the preservation and development of jobs that pay a living wage with a focus on those issues which remove legal barriers to employment, improve clients' access to jobs paying above the poverty level and increase clients' control over their economic futures. Driver's license restoration is an important component of the client services provided by LAW in collaboration with other agencies, to remove legal barriers to employment.

**MATC Mission and Brief History:** The Milwaukee Area Technical College is committed to increasing the potential and productivity of its students through the delivery of high quality instruction and programs consistent with current and emerging educational and labor market needs to help its students obtain and retain family supporting jobs. The driver's license project will enhance MATC's support to students who face barriers to employment because of a lack of or loss of a driver's license. The college is already engaged in other driver's license educational activities: OWI education; point reduction classes; an

arrangement in which Circuit Court staff meet with students on the court process; and a referral arrangement with Legal Action for representation on certain legal barriers to employment.

The Center for Driver's License Recovery and Employability will also benefit from MATC Paralegal and Social Work Programs by participating in their internship opportunities. Paralegal students will gain valuable experience in client interviewing, evaluation of documents and client counseling and working with lawyers in preparing documents for court, filing papers, evaluating records for further action, file maintenance, drafting letters, and communicating with clients. Social work students will gain valuable experience in client interviewing, provision of supportive services and file maintenance.

**“Driver’s License Recovery And Employability Project” – Brief History:** Formal community interest in the problem of unlicensed drivers began in the fall of 2002 when Making Connections Milwaukee (MCM) and the Milwaukee Jobs Initiative created the Driver’s License Recovery Task Force, bringing together more than 120 policy makers; human service, neighborhood and faith based organizations. Task Force work resulted in recommendations to address a major barrier to employment: lack of a valid driver’s license. In January 2004 a four (4) month “Amnesty Program” (collaboration among city and state governmental units and community based organizations) was implemented by the Milwaukee Municipal Court. Over 4,000 persons participated with 1,000 recovering their driver’s license. In addition 150 people completed Driver Education classes (12 hours) with a 70% success rate in passing the written test.

In April of 2005 a Community and Courts Steering Committee was created with the support of the Milwaukee Bar Foundation. The work of the Steering Committee resulted in the design of a comprehensive plan with a multi-pronged, multi-year approach to reduce the massive numbers of revoked and suspended drivers. A Summer Demonstration Project was implemented in May 2006 to test the feasibility of the project design and is scheduled to be completed by the end of September 2006.

Lessons learned from the Summer Demonstration project include:

- a. Municipal Court judges in outlying municipalities are willing to cooperate with the project helping to reduce the inconsistency and uncertainty in driver’s license cases that exists in the current system as a result of judiciary independence. Assisting in particular cases were judges from Franklin, Ozaukee, New Berlin and DePere.
- b. Case Management and Legal Services will need structured communication. The sequence of steps needed to assist individuals must be well defined to better identify when there is a need for legal services.
- c. Case Management and Triage Services will be combined and staffed by combined position of specialist who can perform both functions. This will enable the project to provide support for more individuals; will provide flexibility depending on the case flow and will enable the project to do on-site case management at community based organizations on a regular basis management Services.
- d. There will be “roving”/“rotating” on-site triage/intake services at community based organizations providing job training and placement. This approach will provide added support for the project’s case management.
- e. Fast-track case management services will be provided to “advice only” individuals who it appears could benefit from some monitoring and support.

### **Need for the project**

Over 107,000 Milwaukee County residents, mostly young and poor, or 15% of the adult population, are under license suspension or revocation, with over 55,000 or 52% never having a license in the first place - revoked/suspended status resulting primarily from drug convictions, juvenile convictions, and/or failure to

pay fines for driving without a license – the latter, failure to fines, shockingly, causing more than 50% of the loss of license.

These huge numbers challenge the community and its institutions in many areas, including among others:

1. **Workforce Development:** How to match the unemployed and under employed with good jobs in outlying areas? The ratio of unemployed adults to full-time openings in Milwaukee's central neighborhoods is 10 to 1 compared to Waukesha, Ozaukee and Washington counties where the ration is less than 3 to 1. 73% of part-time entry level job openings were outside the city and 78% of the full-time entry level positions were in the suburbs. (7/23/05 Milw. Journal Sentinel)
2. **Administration of Justice:** How to develop a system of fines and sanctions that do not excessively and inequitably punish those who are low income and their families? There is clearly a greater susceptibility to arrest for central city residents, and a lesser ability for those with limited incomes to pay fines; less than half (47%) of Milwaukee County African American adults and 43 % of Hispanic adults have a valid driver's license vs. 85% of white adults. For young adults ages 18 – 24, only 26% African American and 34% Hispanics in Milwaukee County have valid licenses compared to 71% of young white adults.
3. **Public Safety and Criminal Justice System Workload:** How can the huge burden of these cases be reasonably reduced and still maintain public safety? Courts, Police, Prosecutors, Defenders, Corrections, State Motor Vehicle Department all have substantially increased workloads caused by large numbers of persons driving with license problems (85% of the local circuit court, Misdemeanor Division, caseload consists of "Operating After Revocation" cases.) These cases, particularly those suspensions and revocations that result from non payment of fines, divert law enforcement attention from more serious public safety offenses.

Lack of a valid driver's license is a significant barrier for individuals, particularly, again, low income youth and people of color who are more easily caught in a cycle of serious legal, financial and social consequences affecting their capacity to obtain and retain employment, to provide a better quality of life for themselves and their families and to fully participate and contribute to their communities. Specific challenges for this vulnerable population include:

1. **Access to Employment:** Individuals are unable to obtain and retain family supporting work with approximately 3/4<sup>th</sup> of all job openings in suburban areas and beyond and with a driver's license requirement for jobs in construction, manufacturing and apprenticeship programs. Those without a valid driver's license are not hired for insurance reasons or they are viewed as irresponsible. (see Job Announcements attached as Appendix H).
2. **Access to Driver's Education programs:** Universal driver's education is a thing of the past leaving low income students under age 18 challenged to pay for the mandatory requirement for behind-the-wheel training.
3. **Complexity of license restoration:** License restoration can be complicated and confusing for many low-income individuals especially in cases where multiple steps are needed in multiple courts where there is little consistency as a result of judiciary independence. (Milwaukee and Waukesha counties have 2 Circuit Courts and 37 Municipal Courts).
4. **Increased general vulnerability:** Low income individuals are more likely: (a) to be arrested because of driving older vehicles subject to defects; (b) to lose their license because of their inability to pay fines; (c) to continue to drive to get to or to find work; (d) to become involved in the criminal justice system; and (e) thus to face a multitude of negative effects on their employability and economic viability.

### **Expected results and means for measuring results**

The overall goal is to establish and institutionalize a community-wide driver's license recovery and employability resource center for Milwaukee. The center will provide a continuing expert resource for both individuals and agencies that have a need to deal successfully with the barriers created by absence of a driver's license. Location at downtown MATC, a major learning center with a large, young student body in need of jobs, close to courts and decision makers, is not only ideal for efficient individual case handling, but also for training agency workers so that driver's license recovery skills will be widely dispersed and a culture of "the importance of being licensed" will be restored to the community.

In terms of measurable outcomes for the first year of the total \$800,000 center budget, 1,600 licenses will be restored and thus 1,600 persons will have improved employment or employment advancement potential. Outputs for each \$200,000 of funds granted will include 2,000 targeted individuals screened, 500 cases provided with direct license recovery assistance, and 150 cases aided by the attorney staff. Outcomes will include 400 licenses recovered, and thus 400 persons with improved employment or employment advancement potential.

When the program is fully institutionalized and suspensions/revocations are limited to serious driving violations, when universal driver's education is available to all youth, irrespective of financial status, and when a credible system of sanctions as alternatives to fines is in place, we estimate the unlicensed driver population will be cut at least in half – an over 50,000 person reduction – which also means improved employability prospects for 50,000 persons.

Justice 2000 presently has a web-based computer system for its pretrial services units, allowing for continuous entry and access to case related data with the ability to extract critical categories of that data. This system will be expanded for this Center's use, and which will specifically allow for cumulative measurement of the output and outcome data identified above – cases screened and their outcomes, cases managed (both by legal and non legal staff) and their outcomes, most particularly "licenses obtained".

### **Implementation Plan and timetable**

Full implementation of the Center's services (annual or tri-annual) will be as immediately after January 1, 2007 as funds become available. Experienced Justice 2000 staff are already in place with the organizational and training skills necessary for implementation. The existing Steering Committee which has developed and promoted the program from its beginning in May 2005 will continue as the Center Advisory Board. Members include representatives from the partner agencies (MATC and LAW), the circuit and municipal courts, the public defender, and the district attorney, the Milwaukee Public Schools and community based organizations and social service agencies working with low income individuals seeking driver's license restoration as part of their job training and placement.

The Advisory Board will continually review the project, coordinate services, and act as a forum for communication between the various organizations involved in the project's success. As the Center develops the Board will be trouble shooting emerging problems and searching for innovative solutions. The Board will also be active in promoting system improvement and universal driver's education.

The operational components of the proposed Center are expected to be ready for almost full start-up by January 1<sup>st</sup>, 2007 - that is administration and case management. Legal services will be phased in as cases are assigned, with full operation by April 1<sup>st</sup>. The initial efforts will be to train staff, screen cases, and develop caseloads. Implementation of the systems improvement and community outreach efforts is an on going effort of the present Steering Committee.

Center headquarters will be located on the premises of the Milwaukee Area Technical College (MATC) in the center of downtown Milwaukee, within two blocks of the two major courts systems involved (State Circuit Court & City of Milwaukee Municipal Court) and a major branch office of the Wisconsin Department of Transportation, Motor Vehicle Division

Organizationally, the Center includes Administration plus two service components – Combined Intake/Triage/Case Management and Legal Services.

Administration/ Policy will consist of the Center Director, and at a later stage, an administrative assistant. The director will act as staff to the Advisory Board and be responsible for general operation of the Center, coordination of services provided by Center partners (particularly MATC and Legal Action of Wisconsin) and for funding and outreach development. The Center's two direct service components will operate as follows:

Combined Intake/Triage /Case Management: (1) entry point for clients; determines eligibility based upon program criteria; reviews revocation/suspension circumstances and assesses need for program services and likelihood for success. (estimated to process approximately 2,000 cases); (2) provides, under judicial supervision, needed non legal services to clients referred by the triage process, and monitors client's efforts to clear driving records. Program specialists (case managers) work with clients to: (1) develop workable payment plans; (2) assess special needs for persons unable to pay because of disability (mental health, alcoholism, etc.) and make referrals for needed services; (3) refer to and supervise community service placements where fines can be reduced by work credits; (4) manage an Indigent Fund which, in select cases, can be used to pay fines; and (5) recommend clients for removal from community service, payment plans or other referrals if the client fails to follow through .

Legal Services: provides legal services to clients referred by the triage process, and in some instances the case managers, where expert advocacy is needed – cases too complex for a client to handle alone (estimated to be 10% to 20% or so of caseload). Examples of these cases include: (1) clients who are habitual traffic offenders as defined by Wisconsin Statutes; (2) clients with revocations within the last 3 years; (3) clients with running demerit point suspensions; and (4) clients with multiple cases/jurisdictions. Legal staff is also expected to argue for greater uniformity of treatment for clients in front of the judges of the 18 or so separate municipal courts in the Milwaukee County area where payments are delinquent.

### **Staffing requirements**

Full staffing calls for 13 positions as follows: 1 Center Director, 1 administrative assistant, 1 program coordinator, 8 program specialists, and 2 attorneys together with an allocation of Justice 2000 and Legal Action of Wisconsin administrative staff and services. The total budget calling for the 13 positions and a total of \$800,000 can be implemented in segments of \$200,000. The key positions are created first, and each segment is allocated two positions of program specialists – the operational heart of the direct assistance element of the Center.

### **Plans for sustaining the project's funding**

Because the current number of individuals needing driver's license restoration assistance is so large and the systemic problems are so complex it is anticipated that it will take up to ten years to adequately address the direct service and system changes needed. Center costs, however, will most likely diminish (hopefully in 3 to 5 years) when suspensions/revocations are limited to serious driving violations, when universal driver's education is available to all youth, irrespective of financial status, and when a credible system of sanctions as alternatives to fines is in place.

Current funding proposals pending include: City of Milwaukee; Federal Earmark funds through the offices of US Rep. Gwen Moore; Helen Bader Foundation and Jane Bradley Petit Foundation.

Making Connections Milwaukee (Anne E. Casey Foundation) has committed \$20,000 for database development and \$30,000 for project implementation staffing and is considering \$30,000 for project start-up in 2007.

Projected city funding, once approved, potentially will provide basic annual funding which will need to be matched by vigorous fund development efforts. The goal is for City of Milwaukee funding to continue to support the project at the \$200,000 level on an annual basis following demonstrated project success within the first year or two (which is fully anticipated)

Other potential funding sources include: Bradley Foundation, Greater Milwaukee Foundation, AAA, Automobile Insurance companies, Automobile Dealers Association and individual dealers, local corporate and other foundations.

Additional potential sources so far untapped include national foundations and governmental funds (state and/or federal) directed to job development (and educational funds for driver's training) with the possibility to become a national model demonstration project. Based on driver's license studies conducted by the Anne E. Casey Foundation in approximately 6 communities, driver's license loss and recovery is a problem in each -- with fragmented efforts here and there (usually by individual judges) and no community having a satisfactory on going program.

## **Center for Driver's License Recovery and Employability**

### **GOALS**

- Increase the number of students licensed by age 18 through universal driver education.
- Limit driver's license sanctions to unsafe drivers.
- Utilize other means than driver license suspension when fines are unpaid.
- Increase the ease with which individuals resolve existing license problems.
- Provide support and services to individuals who desire to restore their license privileges.

### **PROBLEM**

- Low-income students under age 18 have no way to get a licensed.
  - No organized driver's education.
  - No way to pay for mandatory behind-the-wheel training.
- License sanctions are used for many purposes other than as a penalty for unsafe driving.
  - Unpaid non-traffic juvenile tickets result in suspensions.
  - Unpaid traffic tickets result in license suspensions.
  - Drug offenses result in a minimum 6 month suspension.
  - Revocations imposed for Operating While Suspended or Operating After Revocation.
  - Revocations not related to safe driving require Safety Responsibility Insurance.
- License restoration is complicated and confusing for many low-income individuals.
  - Milwaukee and Waukesha counties have 2 Circuit Courts and \*\* Municipal Courts.
  - Low-income individuals are unable to pay their fines.
  - License restoration often requires multiple steps in multiple courts.
  - Individuals have difficulty completing the multiple steps needed to obtain a license.

### **IMPACT**

- Individuals are unable to find family supporting work without a driver's license.
  - Individuals are unable to get to good construction or suburban jobs.
  - They are denied access to apprenticeship training.
  - They are not hired for insurance reasons or they are viewed as irresponsible.
  - Employment in many transportation and construction jobs requires a driver's license.
  - Students start without a license and go down hill from there.
  - The lack of a driver's license leads to the start of a criminal record.
- The current enforcement scheme is inefficient and expensive to maintain.
  - The Department of Transportation costs increase for license restoration activities.
  - Court costs are increased in Municipal and Misdemeanor courts.
  - Police and jail costs increase.
  - Prosecutor and Public Defender costs increase.
- The current system has unintended social costs.
  - There is a disparate impact on minorities.
  - The system criminalizes behavior that is often due to poverty.



## **BARRIERS TO CHANGE**

- No agreement on a unified agenda for legislative changes.
- Coordinating multiple strategies to implement comprehensive change is difficult.
- Municipalities and the state are dependent upon the revenue.
- Judiciary independence often results in inconsistent results.
- Identifying cost savings to balance against the cost of change.

## **IMPLEMENTING A COMPREHENSIVE SOLUTION**

- A comprehensive solution requires that we increase the number of people who are not in trouble, and we help restore licenses to those who are currently revoked or suspended.

- ▶ Driver's education

- Help passing the written test

- Payment of the cost of driver's education for low-income students

- ▶ Public Policy changes so driver's license sanctions are focused on unsafe drivers.

- Eliminate drug suspensions

- Make the recent Habitual Traffic Offender change retroactive

- Eliminate the need for SR22 insurance for OWS and OAR revocations

- End SR22 insurance for Occupational Licenses when not related to unsafe driving

- Make Occupational Licenses available to never licensed individuals

- ▶ Judicial system cooperation results in certainty and consistency in driver's license cases.

- Increase coordination and consistency among Circuit and Municipal courts

- Streamline decision-making in post judgment matters

- Increase the use of alternatives to suspension or jail for nonpayment of fines

- Easy access to payment plans for those who can pay.

- Allow Community service for those who cannot pay.

- Tax intercept when individuals do not take steps to satisfy their obligation.

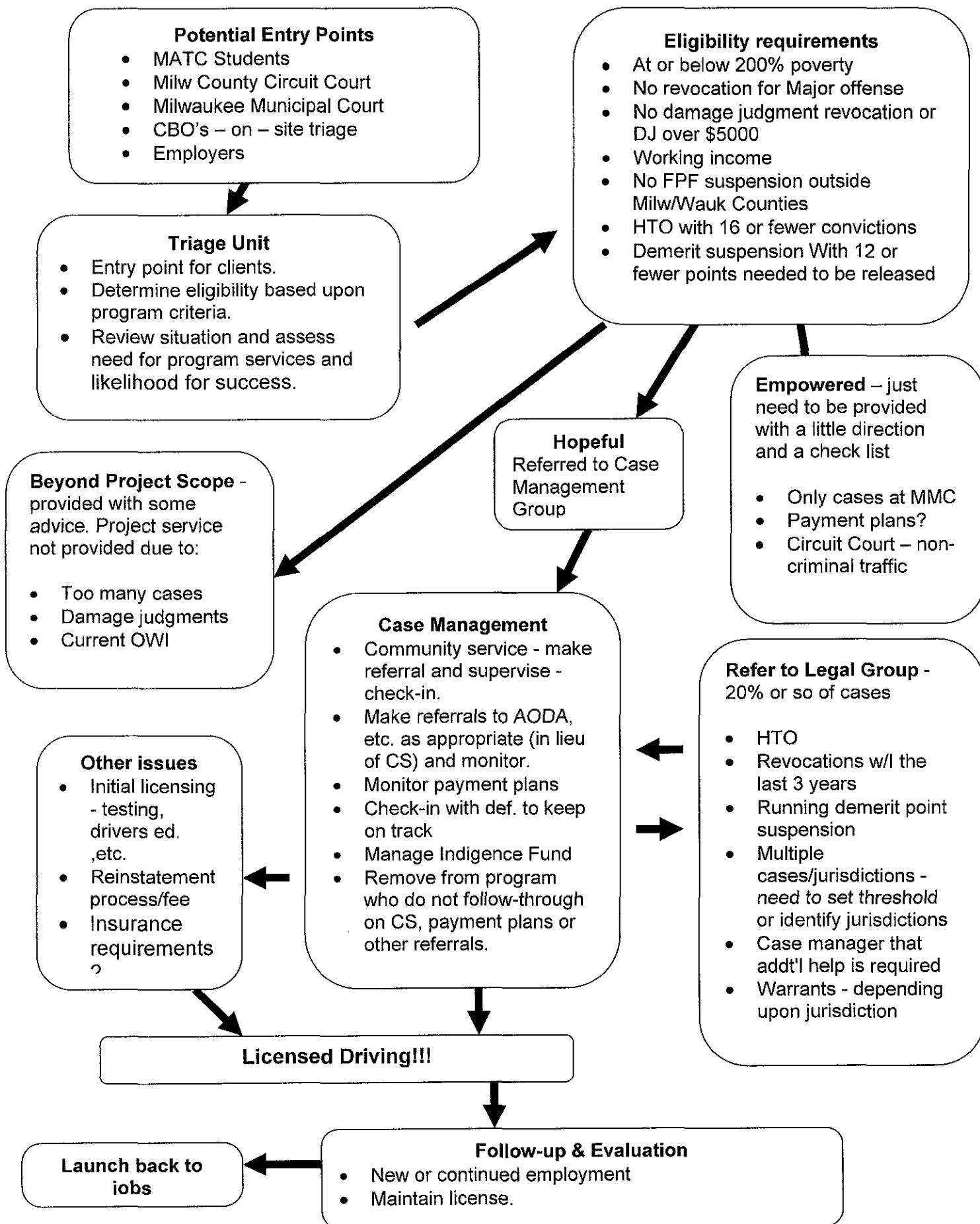
- Creation of a restoration project that will help those currently trapped in the system.

- ▶ A triage intake unit decides if the case is easy, hopeless or needs support

- ▶ Participant Support and Community Service Supervision keeps people on track.

- ▶ Legal Assistance for those who cannot succeed without legal help

- ▶ Indigence fund helps indigent individuals take the last step.





### **Innovation Description**

**Program Name:** Statewide Legal Services of Connecticut, Inc.

**Address:** 425 Main Street, 4<sup>th</sup> Floor, Middletown, CT 06457

**Phone:** (860) 344-8096

**Fax:** (860) 344-1918

**Email:** broswig@slsct.org

**Program Director:** Norman K. Janes

**Contact Person:** Bonnie Roswig, Managing Attorney  
Presentation made by Kathleen Flaherty, Staff Attorney

**Subject Area:** Consumer and/or Pro Bono

**Project Title:** Utility Day

#### **A. Problem:**

Low-income utility customers are protected from having their utility services shut off for nonpayment between November 1 and April 15 (the "winter moratorium"). However, if they are unable to make payment arrangements with the utility company before April 15, they face having their services shut off at the end of the moratorium period.

#### **B. Innovation:**

SLS began the Utility Day program in 2000. Originally developed by Claudia Magnan, one of SLS's paralegals, Utility Day is a series of events held around the state of Connecticut on Saturday mornings before the end of the winter moratorium. In addition to helping clients negotiate affordable payment arrangements with the utility companies, the program also offers clients debt counseling so that they can avoid future shut-offs. We realized in early years of the program that we needed to collaborate more extensively with other social service programs in order to make Utility Day more successful. In recent years, for example, representatives from the state energy assistance programs are available at the sites for clients who have not yet applied for the program for the current year. Utility Day represents a collaboration between SLS, the other legal services programs in the state, the Connecticut Bar Association, the state's paralegal

associations - the Central Connecticut Paralegal Association, the New Haven County Paralegal Association and the Fairfield County Paralegal Association, most of the state's utility companies (Northeast Utilities, Southern CT Gas, CT Natural Gas and United Illuminating), social services agencies (community action agencies, food programs, health programs, energy assistance programs, etc.), the University of Connecticut School of Law, the Naugatuck Valley Community College, and pro bono attorneys.

Preparation for Utility Day begins in October with a planning session with representatives from SLS and the paralegal associations around the state. Chairs are appointed to take charge of the different Utility Day sites; the calendar of site dates and training dates are arranged. SLS staff is assigned to be liaisons between the sites and the paralegals. In addition, pro bono attorneys who work on the hotline (and do not do traditional pro bono work) also work on the event.

During November and December, SLS staff and the paralegal chairs contact the sites to confirm the dates and locations. Once the dates and locations are confirmed, the utility companies are contacted to arrange their presence at Utility Day. Last year, Utility Days were held during February, March, and April.

Volunteers are recruited on an ongoing basis through e-mail, newsletters, and meetings of the paralegal associations as well as through the Connecticut Bar Association.

One month before the event, notices are sent out to the local legal services programs and to social service agencies informing them about utility day. We have found that clients usually respond best to notices about Utility Day closer to the actual event.

Two weeks before the event, we hold our training sessions for the volunteers.

The chairs meet for a final run-through in late January or early February.

In recent years, students from the University Of Connecticut School Of Law have also participated as volunteers at Utility Day. These have not been traditional students interested in "pro bono" work, however; these are first-year students in a "legal process" class learning traditional skills such as research, interviewing and negotiation. Prior to the students'

participating in Utility Day, staff from SLS teaches two classes to the students: the first teaches them about the typical issues faced by a legal services client; the second provides them the utility day training. The students also have to do a research project on utility law.

C. Result:

Over the last six years that the Utility Day has been in existence, volunteers and SLS staff have helped approximately 1,300 clients negotiate payment plans with utility companies to avoid having their utility service shut off. In addition, a number of these clients were referred to SLS for follow-up with other legal issues.

D. Replication:

This program can be duplicated successfully with a collaboration among pro bono attorneys and paralegals who are willing to volunteer and run the event, social service agencies who can refer clients to the program, a community agency willing to provide space to host the event, and utility companies who are willing and able to provide their staff to come to the event.

E. Materials Available:

Utility Day – A Practical Guide  
Training materials  
Utility expense and information forms  
Client confirmation form  
“Keep Your Utilities On” Flyer  
Letter to Social Services Agency  
Donation Letter  
Utility Day Spanish Flyer  
Instructions to Volunteers  
Thank You Letter to Volunteers

## UTILITY DAY - A PRACTICAL GUIDE by Bonnie Roswig, Esq.

During the winter months in Connecticut low income clients are protected from utility termination. This may be true in your state as well. However, once the moratorium is over (in Connecticut the date is April 15) clients who have a significant arrearage find themselves scrambling to come up with payment arrangements to avoid having their utilities shut off. Often clients will agree to repayment plans that they simply cannot afford on an ongoing basis. Unfortunately, if clients do not comply with these hastily concocted agreements they once again face termination of heat and lights.

UTILITY DAY was developed to help clients get assistance to formulate payment arrangements which they can afford. The day of course is much more than that - in reality it is a collaborative effort of legal services programs, pro bono paralegals, community agencies and the utility companies. The culmination of this joint effort is the UTILITY DAY event itself - paralegal volunteers, assisted by legal services advocates meet with clients to review their overall monthly expenses and income, engage in long term budget counseling and to develop a proposed payment plan with which the client can comply.

### HOW WOULD I PUT TOGETHER A UTILITY DAY EVENT IN MY COMMUNITY?

Developing UTILITY DAY was not difficult but it did take a determined and coordinated effort by all involved. Every state is different, but hopefully you can identify similar players in your community to develop a locally flavored utility day event.

#### IDENTIFY THE PARTNERS

##### Legal Services Agencies

Clearly the local legal services programs play a very important part in this venture. Most legal services programs assist clients with utility problems. They will be able to tell you whether your state has a winter moratorium against utility shut offs. They will be able to advise you whether, given the specifics of utility use in your community, whether a utility program such as this would be helpful and whether they would be able to participate in the event. They will be able to identify the utility providers in your area. Finally, they would be able to identify community agencies which work with the low income client population.

##### Utility Companies

Having the utility companies interested in the project is of course essential. Most of the utility companies have community outreach offices. Once you have identified a

contact person you can begin a dialogue about the UTILITY DAY project. This is also perhaps the point to inquire of the utility company whether they have any special programs they may have for low income clients. Your local legal services program may have contact names at the utility companies.

### Community Agencies

Identify who the community agencies (Salvation Army, churches, etc.) are in your area that works with low income clients. These agencies will be a resource for advertising the event to clients. These agencies will also have useful information about potential locations for the event. Your local legal services office may be able to give you names of community agencies.

### Paralegal Organizations

Paralegal volunteers were the major work force behind UTILITY DAY. The leadership of our paralegal associations formed the UTILITY DAY executive committee and they were able to solicit volunteers from their ranks from via meetings, newsletters and direct mailings.

## PLANNING THE EVENT

Once all of the UTILITY DAY partners are on board, the executive committee, which was comprised of legal services representatives and paralegals began the planning process. The first of our planning meetings were held in the early fall and continued on a monthly basis.

### 1. Start Small

We are about to embark on our 7th year hosting UTILITY DAY, and even though we are now offering the event in six different cities, it makes most sense to start the first year with one location.

### 2. Chose a Facility Within the Community

The site which you chose should be central for the client population. The site should be accessible by public transportation.

### 3. Is the Facility Appropriate?

The facility you chose should be the correct type of space. We found that the site was optimal if it had the following characteristics:

- a) Large Space - such as a community room, gym or auditorium. It is useful if the facility has smaller adjacent rooms for private interview and negotiation.
- b) Electronic and telephone hook ups (in the event that the utility companies will be planning to use laptop computers.
- c) Kitchen facility: you will want to provide some kind of refreshments for your volunteers

### 4. Planning Meetings

The executive committee met monthly. A time line was developed and responsibilities were divided as follows:



#### Legal Services Reps:

- a) Contact Utility Companies
- b) Identify Community Agencies
- c) Develop Materials for the Event
- d) Plan training for volunteers

#### Paralegal Reps

- a) Secure Site
- b) Develop Outreach Lists
- c) Create flyers and posters
- d) Organize food
- e) Solicit Volunteers
- f) Bring donations (toys for children to play with, etc.)

### DAY OF THE EVENT

It is essential to be organized on the day of the event - we found the following to be a successful schedule:

- 1) Arrive an hour before the event. The utility companies may need to come early for setup purposes.
- 2) Survey the space and make any adjustment for tables, chairs, etc.
- 3) Think about how the client flow will operate -given your particular space, will you use a sign in sheet? numbers?
- 4) Put time boundaries on your event. Think about how you will handle clients who come after the event has concluded - chances are you will only have the staff and the space for a finite period of time.
- 5) Finally, EXPECT THE UNEXPECTED. Regardless of how much planning you have done the unexpected will inevitably arise. Creative problem solving is usually the best course to take. (For example, if computers fail then perhaps the utility companies can access account information by telephone).

### POST UTILITY DAY FOLLOW UP

- 1) Written thank you notice for all of the participants.
- 2) Post Event Meeting. Have your executive committee (and any other parties who wish to attend) gather to discuss the day. What worked? Were there any glitches? Would you make any changes for next year?
- 3) Start thinking about next year. Set a date for your first planning meeting for the next UTILITY DAY.

### CONCLUSION

UTILITY DAY is a very special event. Not only does it provide an invaluable service for the client, but it also provides a critical lesson in communication, compassion and the value of joint collaboration.

## **Training Materials**

### **UTILITY DAY**

#### **INCOME ELIGIBILITY**

Before we can assist who comes to Utility Day, a determination must be made that a client's income is within Statewide Legal Services' financial eligibility guidelines. Our goal is to help as many clients as possible; however, we are limited by federal mandates. The eligibility determination is really very simple. The first task is to establish the total family income. The attached Eligibility Worksheet takes you step-by-step through that eligibility process.

#### **STEP 1 – GROSS INCOME**

In this step you must count all of the household income. This includes gross income from all wage earners in the household. This also includes all other state and federal benefits programs, as well as child support, alimony, etc. Also be aware that clients may not know the "formal" name of their state/federal benefit program (these programs change names frequently which is confusing for clients). If you are unclear about the nature of the client's benefits, SLS staff will be available to answer any questions.

In addition, please inquire about a client's asset (bank accounts, etc.). We can only assist clients whose assets are under \$5000. If there is an issue about a client's assets, please seek out the assistance of a representative from Statewide Legal Services.

Once you have totaled all of the household income, compare that to the Federal Poverty Guidelines attached. If the client's family income is 125% of the poverty level or under, then they are eligible for Utility Day assistance. At this point you are ready to proceed to the Expense Sheet (see attached).

#### **STEP 2 – SPEND DOWN**

If the client's family income is over 125% of the poverty level, proceed to "Step 2" of the Eligibility Worksheet. Step 2 examines the family expenses. It is our eligibility policy that expenses which are related to employment can be subtracted from household income. Therefore, this step totals all employment related expenses. Once this calculation is complete, proceed to Step 3.

#### **STEP 3 – FINAL ELIGIBILITY**

The final step is to determine whether the client can be "spent down" so that their family income is within our eligibility guidelines. This is accomplished in Step 3 of the Eligibility Worksheet by subtracting the expenses total of Step 2 from the income total of Step 1. If that total is 125% or less of the poverty level, then the client is financially eligible and you can go on to the Expense Sheet.

If the client's family income is over 125% of the poverty level, we cannot offer assistance. At this point, please seek out the assistance of a Statewide Legal Services representative. Statewide will then encourage the over-income individual to try to work out an arrangement with the utility company on their own.

If you have any questions or concerns about the eligibility process, do not hesitate to ask someone from Statewide.

STATEWIDE LEGAL SERVICES OF CONNECTICUT, INC.

APPLICATION FORM

CLIENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

OTHER CONTACT & PHONE #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: ☐ Female ☐ Male

SOCIAL SECURITY NUMBER: \_\_\_\_\_

ETHNICITY: ☐ White ☐ Black ☐ Hispanic ☐ Native American, Asian

☐ Other \_\_\_\_\_

# IN HOUSEHOLD \_\_\_\_\_ UNDER 18 \_\_\_\_\_ 18-59 \_\_\_\_\_ 60 or Over \_\_\_\_\_

MARITAL STATUS: ☐ Single ☐ Single-Head of Household

☐ Married-Living Together ☐ Separated ☐ Divorced

☐ Widowed

SPOUSE'S NAME: \_\_\_\_\_

U.S. CITIZEN: ☐ YES ☐ NO

IF "NO", STATUS: \_\_\_\_\_

DOCUMENTATION: \_\_\_\_\_

\_\_\_\_\_

## ELIGIBILITY WORKSHEET

### STEP 1 – Gross Income (does not include food stamps)

Total Family Income includes:

Wages	\$ _____
Temporary Family Assistance ("CTFA", "Welfare", "State", "AFDC")	\$ _____
Supplemental Security Income (SSI)	\$ _____
Social Security Disability Insurance (SSDI)	\$ _____
Retirement, Pension	\$ _____
Unemployment	\$ _____
Veterans Benefits	\$ _____
Child Support	\$ _____
Alimony	\$ _____
Other (rental income, etc.)	\$ _____
Assets: \$ _____	Total Gross: \$ _____

If Family Income is 125% or under of the federal poverty level (see attached table), client is ELIGIBLE – go to EXPENSE SHEET.

If total family income is over 125% if poverty – continue onto STEP 2.

### STEP 2 – Spend down

Monthly Expenses:

Child Care	\$ _____
Travel Expenses to Work	\$ _____
Self-Paid Medical	\$ _____
Unpaid Taxes	\$ _____
Total:	\$ _____

### STEP 3 – Final Eligibility

Take Total Gross from Step 1	\$ _____
Subtract Total Spend down Expenses from Step 2	\$ _____
Total:	\$ _____

STATEWIDE LEGAL SERVICES OF CONNECTICUT, INC.

2004 FEDERAL POVERTY GUIDELINES

FAMILY SIZE	125% WEEKLY	125% MONTHLY	125% ANNUAL
1	224	970	11,638
2	300	1,301	15,613
3	376	1,632	19,588
4	453	1,964	23,563
5	530	2,295	27,538
6	606	2,626	31,513

## UTILITY EXPENSE SHEET

CLIENT'S NAME: \_\_\_\_\_

*Total Monthly Income:* \_\_\_\_\_

Fill in the amounts that you pay each month:

\$ \_\_\_\_\_ Rent or mortgage, insurance and taxes

\$ \_\_\_\_\_ Food and household supplies (do not count what you  
spend with food stamps)

\$ \_\_\_\_\_ Medical expenses (bills, insurance, medicine)

\$ \_\_\_\_\_ Clothing

\$ \_\_\_\_\_ Transportation

\$ \_\_\_\_\_ Child care

\$ \_\_\_\_\_ Telephone/Cell Phone

\$ \_\_\_\_\_ Other utility expense (oil, cable, etc.)

\$ \_\_\_\_\_ Debts (student loans, credit card payments, car payment,  
etc.)

\$ \_\_\_\_\_ Laundry

\$ \_\_\_\_\_ Other (Please explain) \_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_ *Total Monthly Expenses*

\$ \_\_\_\_\_ minus \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
*Total Monthly Income*      *Total Monthly Expenses*      *Available Monthly Income*

STATEWIDE LEGAL SERVICES OF CONNECTICUT, INC.

UTILITY INFORMATION

1. Company Name \_\_\_\_\_

2. Company Account No. \_\_\_\_\_

3. What is your average monthly bill? \_\_\_\_\_

4. Have you received a "Shut Off" Notice?    ☐ Yes    ☐ No

If "yes", for what date? \_\_\_\_\_

5. Have you applied for Energy Assistance?    ☐ Yes    ☐ No

Have you been granted assistance?    ☐ Yes    ☐ No

*If the answer to the two questions below is "yes", please see SLS staff.*

6. Is the utility bill in your name?    ☐ Yes    ☐ No

If "no", the name on the account and relationship to you. \_\_\_\_\_

7. Is there anything else that we should know about this account or any account in your name?

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Client Confirmation Form

### CLIENT CONFIRMATION

COMPANY NAME:

\_\_\_\_\_

NAME:

\_\_\_\_\_

ACCOUNT NUMBER:

\_\_\_\_\_

MONTHLY PAYMENT ARRANGEMENT:

\_\_\_\_\_

TO BEGIN:      Month \_\_\_\_\_      Date

\_\_\_\_\_

ARREARAGE FORGIVENESS PROGRAM      YES \_\_\_\_\_ NO \_\_\_\_\_

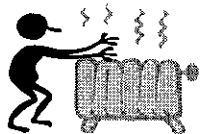
ADDITONAL INFORMATION:

Please note:

- This payment arrangement is the lowest arrangement that you can hope to have at this time. If you fail to make a payment, you may face another shutoff or may have to pay a larger amount per month to continue your service.
- Make certain to make utility payments through the winter months.
- Call the utility company if you think you can't keep this agreement.
- Please be certain to apply for energy assistance every year.

We hope that we have been helpful to you. If you have questions, please do not hesitate to call Statewide Legal Services at 1-800-453-3320.





## ***KEEP YOUR UTILITIES ON!!***

**ARE YOU FACING A UTILITY SHUTOFF OR A PAYMENT  
ARRANGEMENT THAT YOU CAN'T AFFORD TO KEEP?**

**THERE IS HELP FOR YOU**

### **LOCATIONS:**

**WATERBURY** – Saturday, March 11, 2006 from 10 a.m. to 2 p.m.  
N.O.W. – 232 North Elm Street  
(For customers of Northeast Utilities & Yankee Gas)

**DERBY** – Saturday, March 18, 2006 from 10 a.m. to 2 p.m.  
TEAM – 30 Elizabeth Street  
(For customers of Northeast Utilities/Yankee Gas)

**NEW HAVEN** – Saturday, March 25, 2006 from 10 a.m. to 2 p.m.  
HALL OF RECORDS – 200 Orange Street  
(For customers of United Illuminating/Southern Connecticut Gas)

**NEW BRITAIN** – Saturday, April 1, 2006 from 10 a.m. to 2 p.m.  
CONNECTICUT BAR ASSOCIATION – 30 Bank Street  
(For customers of Northeast Utilities/Connecticut Natural Gas)

**HARTFORD** – Saturday, April 8, 2006 from 9 a.m. to 1 p.m.  
SOUTH CONGREGATIONAL CHURCH – 277 Main Street  
(For customers of Northeast Utilities/Connecticut Natural Gas)

### **WHO CAN WE HELP?**

- Low income customers of utility companies who have some kind of income

### **HOW CAN WE HELP?**

- Legal aid volunteers will help you try to work out a personal budget
- Legal Aid volunteers will help you to try to work out an affordable payment plan with the utility companies

**NOTE: WE PROVIDE BUDGET COUNSELING, BUT NOT DIRECT CASH  
ASSISTANCE.**



**IF YOU HAVE ANY QUESTIONS REGARDING UTILITY DAY,  
PLEASE CALL STATEWIDE LEGAL SERVICES AT 1-800-453-3320**

**Letter to Social Service Agency**  
(on letterhead)

**UTILITY DAY**  
***SATURDAY, APRIL 3, 2004***

***Institute of Technology and Business Development***  
***10:00 a.m. to 2:00 p.m.***  
***425 Main Street***  
***New Britain***

***SATURDAY, MAY 1, 2004***  
***9:00 a.m. to 1:00 p.m.***  
***South Congregational Church of Hartford***  
***277 Main Street, Hartford***

Dear Social Service Agency:

Are your low-income clients worried about utility shutoff this Spring? Are they facing utility payments that they can't afford? Statewide Legal Services of Connecticut, Inc. may be able to help them.

Statewide Legal Services is a telephone hotline for all legal aid clients in Connecticut. We are part of a legal aid network in the state that provides services to low-income people. One of the services we offer our clients is help in negotiating utility company payment arrangements.

This year, ***Hartford's*** Utility Day is scheduled for ***Saturday, May 1, 2004 from 9:00 a.m. to 12:30 p.m. at the South Congregational Church of Hartford, 277 Main Street, Hartford.*** Low-income people can come to the Utility Day location on this date and get help working out a payment arrangement with the utility companies in Hartford. On this date, clients can come in and meet with legal service advocates. We will be going over their utility arrearages with them, as well as their monthly budgets. We will counsel them on the importance of paying their utility bills on time, the importance of establishing a creditable relationship with the utility companies, and we will help them negotiate payment arrangements that they can be successful in paying. We are sending out announcements to all social service agencies that work with the low-income target population in Hartford, and we hope to assist many people. Please let your clients know about this event and encourage their participation. Attached for your convenience is a flyer and directions to the event. Please make copies for handouts and post the original in a prominent place where clients will be able to read it.

Representatives from Northeast Utilities (NU) and Connecticut Natural Gas (CNG) have volunteered to be on hand and on-line with customer accounts that day. Connecticut's paralegal organizations have volunteered to work with SLS staff to do pro bono work, and will be available to assist clients.

Thank you in advance for your cooperation, as well as your continued commitment towards community and people in need. If you have any questions, please do not hesitate to call me. I can be reached at (860) 344-8096, Ext. 3002. We look forward to meeting and helping your clients.  
Sincerely,

Bonnie Roswig  
Managing Attorney

BRR/mcb

**Donation Letter**

(on letterhead)

Greetings:

The New Haven County Bar Association Paralegal Committee has requested that I write this letter in behalf of their efforts to solicit donations for Utility Day. Utility Day is an event for very low income people sponsored by Statewide Legal Services (a legal aid agency) and the state's Paralegal Organizations and is supported by participating utility companies and social service agencies. On Utility Day, low income legal aid clients meet with paralegal volunteers and utility company representatives to work out affordable payment arrangements so that these clients can avoid utility termination.

Every year we solicit contributions from local merchants for food and supplies. The Utility Day event usually spans a 4 plus hour period, and with clients and their children having to wait for assistance, it is very useful to have refreshments available.

The Association is soliciting donations for the Utility Day event and any contribution you can make would be greatly appreciated.

If you have any questions about the Utility Day project or this request, I would be happy to be of assistance.

Sincerely,

Bonnie B. Roswig  
Managing Attorney  
(860) 344-8096, Ext. 3002

Utility Day Spanish Flyer

## **¡MANTENGA SU SERVICIO DE ENERGÍA ACTIVO!**

**¿LE VAN A DESCONTINUAR EL SERVICIO DE ENERGÍA O TIENE PROBLEMAS CON EL PAGO DE SU CUENTA QUE NO PUEDE MANTENER?**

**\*\*\*\*HAY AYUDA PARA USTED\*\*\*\***

**STATEWIDE LEGAL SERVICES LE AYUDARÁ A NEGOCIAR UN PLAN DE PAGO CÓMODO  
CON LA COMPAÑÍA DE ENERGÍA**

**8 DE ABRIL DE 2006    9:00 a.m. - 1:00 p.m.**

**South Congregational Church  
277 Main Street, Hartford**

### **A QUIÉN LE PODEMOS AYUDAR**

Personas de bajo ingresos que pueden pagar sus cuentas regulares de energía pero tienen dificultad en pagar las cuentas atrasadas. Llame si no está seguro.

### **CÓMO LE PODEMOS AYUDAR**

1. REPRESENTANTES LE AYUDARÁN A PREPARAR UN PRESUPUESTO QUE AYUDARÁ A DETERMINAR LO QUE USTED RAZONABLEMENTE PUEDE PAGAR A SU CUENTA CADA MES.
2. DESPUÉS LE AYUDARÁN A NEGOCIAR CON LOS REPRESENTANTES DE LAS COMPAÑÍA DE ENERGÍA UN PLAN DE PAGO QUE USTED PUEDA MANTENER.
3. TAMBIÉN LE DARÁN IDEAS DE CÓMO MEJORAR SU PLAN DE PAGO.
4. TRAIGA COMPROBANTE DEL INGRESO TOTAL DE LA FAMILIA, RECIBO DE RENTA Y LAS CUENTAS DE ENERGÍA

**SI USTED QUIERE SABER SI ÉSTA AYUDA DE ENERGÍA ES APROPIADO PARA USTED**

LLAME AL 1-800-453-3320 PARA MAS INFORMACIÓN  
(STATEWIDE LEGAL SERVICES)

O

PRESÉNTASE EL DÍA DESIGNADO PARA ESTE SERVICIO Y  
HABLAREMOS CON USTED DETALLADAMENTE

## **Instructions to Volunteers**

### *UTILITY DAY 2004- INSTRUCTIONS FOR VOLUNTEERS*

#### **1. Sign in with Karen or Sandy**

-Make a name tag

-Volunteers will be assigned a "buddy" and will be shown where to sit.

#### **2. Client Flow**

Client will enter and sign in with "Greeter"

Greeter will bring client to volunteer when volunteer is available.

\*Remember to complete all forms

\*Remember to include the city and the area code in the client information sheet

\*Complete as much of the forms as possible during the course of the interview

When interview is completed, volunteer will signal to Utility Company Liaison.

Liaison will put client on the appropriate utility company waiting list.

Liaison will get client and volunteer when the utility company is ready to meet with them.

After the meeting with the Utility Company

\*Make certain that the retainer is completed –

one for the client and one for the file

\*Make certain that the "Client Confirmation" is completed in triplicate:

one for the client, one for the file and one for the utility company

## **Thank You Letter to Volunteers**

Dear \_\_\_\_\_

Please accept my deepest thanks for your invaluable assistance on Utility Day 2004.

Over the four Utility Day programs held across the state, over two hundred families were served. With your help, these families were able to avoid utility termination, enter into affordable payment arrangements and get assistance with budget counseling. Equally important, however, was that these families were shown that the legal community takes in sincere interest in needs and their welfare.

You are also to be commended for the dedication that you gave to the program. Not only did you give up your weekends to train and to serve, but it was clear from the client interactions on Utility Day that you gave of your hearts. I can truly say that this was one of the program's most successful years ever.

My best wishes for a relaxing, enjoyable summer. We look forward to working with you again as we plan for Utility Day 2005.

Sincerely

## **Innovation Description**

Program Name: Legal Action of Wisconsin  
230 West Wells Street, Room 800  
Milwaukee, WI 53203  
(414-278-7777)  
(Fax 414-278-7156)

Legal Action of Wisconsin has 6 offices, including Milwaukee, Madison, Racine, Oshkosh, Green Bay, and La Crosse. This project has advocacy staff based in the Madison and Oshkosh offices.

Address:	Oshkosh Office 404 North Main St., Suite 702 Oshkosh, WI 54901	Madison Office 31 South Mills Street Madison, WI 53715
Phone:	(920) 233-6521	(608) 256-3304
Fax:	(920) 233-0307	(608) 256-0510

Email: [www.legalaction.org](http://www.legalaction.org)

Program Director: Karen S. Roehl

Contact Person: Karen S. Roehl, Oshkosh Office  
<ksr@legalaction.org>

Subject Area: Disability Benefits/Criminal Reentry

Project Title: Prisoner Disability Assistance Project

A. Problem: A specific chronically homeless group, namely, low income disabled prisoners, have not been receiving social security benefits in a timely manner due to lack of advocacy; this leads to homelessness and higher recidivism rates. The goal of the program is for disabled prisoners to receive a favorable social security decision shortly before their release date, so that they will have a stable source of income, receive medical care, be able to afford a place to live (not be homeless), and will be less likely to re-offend.

A. Innovation: The Project is a collaboration between the Wisconsin Department of Corrections (DOC), the Social Security Administration (SSA), and Legal Action of Wisconsin. Pursuant to a Memorandum of Understanding between the partners, disabled prisoners in the Wisconsin Correctional System, can submit disability applications prior to their release dates.

1) Advocacy/Legal Services: Legal Action of Wisconsin has advocates working on-site in 3 of the Wisconsin prisons to provide legal

representation to prisoners applying for disability benefits starting 6 months prior to their release date. Project staff have been working on systemic issues through joint meetings with staff from the Department of Corrections and the Social Security Administration.

- 2) Training: Since the Pilot Project (funded by a 3 year grant from the Social Security Administration, called HOPE-Homeless Outreach Project & Evaluation) only has funding to staff attorneys in 3 of the prisons, the Project also includes a Training Component for Social Workers in other prisons and Probation/Parole Officers throughout the State. Project Attorneys provide a basic training on the social security disability system.
- 3) Evaluation: The Project also includes an evaluation component to assess the effectiveness of the advocacy component, as a requirement of the grant from the Social Security Administration

B. Result:

- 1) Improved approval rate for prisoners
- 2) Decreased homelessness and decreased recidivism rate for the prisoners that are found disabled
- 3) Faster decision rates
- 4) Establishment of a Homeless Unit at the Disability Determination Bureau
- 5) Development of Specific Forms, such as an Adult Function Report for Prisoners
- 6) Improved working relationships between the partners

C. Replication: The model can be replicated.

D. Materials Available: Memorandums of Understanding, DOC/LAW Protocol, Sample Prisoner Specific Forms -Adult Function Report & Professional Contact Questionnaire



*Memorandum of Understanding*  
*between*  
*The Wisconsin Dept of Corrections (DOC)*  
*and*  
*The Social Security Administration (SSA)*

The following "Ongoing Prisoner Enumeration Procedures" are agreed to by representatives of Wisconsin Dept of Corrections (DOC) and the Social Security Administration (SSA) for the purpose of processing applications for duplicate Social Security Number (SSN) cards for specified inmates. This agreement will be effective upon signing by both parties.

**I. Functions to be Performed by the Wisconsin Dept of Corrections**

The Wisconsin Dept of Corrections (DOC) agrees to follow the procedures listed below:

- A. Each inmate who does not have a valid SSN card will be given a Form SS-5 (Application for a Social Security Card) and asked to complete it. No inmate will be forced to sign an SS-5.
- B. If an inmate who has already been processed through the prison prior to this agreement, asks to see the SSA representative, he will be asked the purpose of the request. If the purpose is to get a duplicate SSN card, the inmate will be given an SS-5 with instructions to complete it and return it to the DOC Designee, who will mail the completed SS-5 to SSA per procedure I.C. below.

For both procedures I.A. and B., line one of the SS-5 should reflect the true name, not the Court name. All aliases and SSNs used by the inmate should be shown on the form. The inmate's Prison Number (DOC #) will be included in the address block to assist (1) SSA in relating the SS-5 to the identity record and (2) the prison in associating the SSN card with the inmate's permanent file. The inmate's signature on the SS-5 is required.

A consent form should be completed with the inmate's signature at the time the SS-5 is completed. The consent form will follow the attached format (Exhibit A).

- C. All SS-5s received under procedures I.A. and B. will be mailed to SSA in batches by the DOC facility along with a Certification of Prison Records (Exhibit B Offender Detail) form and a signed consent form for each SS-5 submitted.
- D. A cover letter on prison letterhead signed by the prison official designee will be attached to each batch of SS-5s along with the corresponding Certifications of Prison Records (Exhibit B Offender Detail) and the consent form (Exhibit A). The cover letter will indicate the number of SS-5s in the batch being mailed.
- E. Each prison will provide to their local SSA office:
  - 1. A list of officials authorized to sign the cover letter along with facsimiles of their signatures; and
  - 2. A list of officials authorized to sign the Certification of Prison Records form along with facsimiles of their signatures. The prison will periodically update these lists with both

## II. Functions to be Performed by Social Security Administration (SSA)

The SSA local office will:

- A. Secure and maintain a list of names and facsimile signatures of the prison officials who are authorized to sign the cover letter and the Certification of Prison Records (Exhibit B) form.
- B. Receive and count the SS-5s to verify the number received against the number of SS-5s indicated on the prison's cover letter. Compare the prison official designee's signature on the cover letter to the signature on the facsimile signature list.
- C. Screen the SS-5s to exclude the following from the process:
  - 1 For original SSNs or corrected replacement SSN cards (including name change forms);
  - 2 Unsigned;
  - 3 For foreign born noncitizen; and
  - 4 For foreign born U.S. citizen SS-5s without a U.S. citizenship code on the numident; and
- D. Compare the information on the SS-5 against the Certification of Prison Records (Exhibit B) form to certify the identity of the individual. Compare the prison official designee's signature on the Certification of Prison Records (Exhibit B) form to the signature on the facsimile signature list.
  - 1. If identity is verified, certify and code the SS-5 for input. Include the coding for a systems notification printout ("SSN Assignment Complete") to the SSA field office. Make certain that the inmate's prison number (DOC #) is included in the address field.
  - 2. If conflicting data or insufficient data is encountered, SSA will issue the appropriate letter to the inmate indicating the SS-5 cannot be processed and why.
  - 3. Review the numident for questionable situations such as multiple requests.
  - 4. Screen SSA records for potential prison suspension cases.
  - 5. Provide the inmate's correct SSN to DOC facility's official designee for those cases where a consent signed by the inmate is provided with the SS-5.
- E. Shred the Certification of Prison Records (Exhibit B) form when certification is complete.
- F. Perform an on site review of the prison enumeration process periodically to:
  - 1. Review/observe prison procedures for submitting the SS-5 and required evidence of identity.
  - 2. Observe the handling of the SSN card up to the point of placement in the file to ensure compliance with procedures in I.F. above.

Exhibit A

Use From: SSA-3288

Social Security Administration

Consent for Release of Information

# Social Security Administration and Wisconsin Department of Corrections

## Pre-Release Procedures

### Procedures for Processing Applications for Social Security Benefits for Inmates Prior to Release from Incarceration

This document outlines the procedures to be followed by the Social Security Administration (SSA) and the Wisconsin Department of Corrections (DOC) to process inquiries and applications for benefits administered by the SSA based upon SSA policy in effect as of April 2004. These procedures shall be effective for all DOC facilities and their local SSA offices.

Generally, SSA does not pay monthly financial benefits to inmates of correctional facilities. SSA will accept applications prior to the release of an inmate to enable eligible inmates to receive benefits upon their return to the community. In some cases, a family member of an inmate may be eligible to receive benefits under the earnings record of the inmate during the inmate's incarceration. As appropriate, DOC will assist inmates to submit those applications.

SSA will accept and process applications prior to the inmate's release date only in the following situations:

- **Medicare Entitlement**

- Social Security benefits (Title II) for a family member of the inmate.

*An inmate has a disability, or is at least 62 years old, and has worked enough to be insured under Title II, and has a minor child (under age 18) or a disabled "adult" child (onset of disability prior to age 22 years) or spouse.*

- Social Security benefits (Title II) for an inmate based upon a disability or age.

*An inmate has a disability, or will be 62 years or older upon release, and has worked enough to be insured under Title II.*

- Other Types of SSA Benefits; e.g., Survivor's Benefits.

*An inmate may be eligible for benefits on the earnings record of another individual.*

- Supplemental Security Income benefits (SSI) (Title XVI) based upon a disability.

*An inmate has a disability and potential eligibility for SSI benefits, based upon anticipated low income and minimal assets upon release from incarceration.*

- Supplemental Security Income benefits (SSI) (Title XVI) based upon age.

*An inmate will be 65 years or older and has potential eligibility for SSI benefits, based upon anticipated low income and minimal assets upon release from prison.*

■ Inquiries received directly from inmates.

- The SSA contact will initiate the Pre-Release Screening Guide, as necessary, to verify whether the inmate has potential eligibility to file for benefits.

These procedures will ensure timely filing and processing of appropriate applications by inmates for Social Security Retirement, Disability, Medicare, and/or SSI. They may be modified, as needed, upon mutual agreement of the DOC and SSA.

\_\_\_\_\_  
Matthew J. Frank  
Secretary, Wisconsin Department of Corrections

\_\_\_\_\_  
Date

\_\_\_\_\_  
Larry ALT  
District Manager for  
Social Security Administration

\_\_\_\_\_  
Date

## PRE-RELEASE SCREENING FOR SSA BENEFITS

### SECTION I COMPLETED BY DOC OFFICIAL

OFFENDER NAME (TYPE OR PRINT CLEARLY)

SOCIAL SECURITY NUMBER

DATE OF BIRTH

DOC NUMBER

NAME OF CURRENT FACILITY

HAS OFFENDER EVER RECEIVED SOCIAL SECURITY BENEFITS BEFORE

☐ Yes ☐ No If yes, Type: Monthly Payment:

DOES INMATE HAVE A SUSPECTED OR KNOWN DISABILITY?

DATE DISABILITY BEGAN

☐ Yes ☐ No Type of Disability:

WILL OFFENDER BE 65 OR OLDER BY RELEASE DATE?

☐ Yes ☐ No

DOES OFFENDER HAVE ANY CHILDREN WHO ARE EITHER UNDER AGE 18 OR OVER 18 AND DISABLED

☐ Yes ☐ No

ANTICIPATED DATE OF RELEASE

RELEASING FACILITY IF DIFFERENT FROM ABOVE

NAME OF DOC STAFF CONTACT (Type or Print Clearly)

DOC CONTACT FAX NUMBER

DOC CONTACT PHONE NUMBER

SIGNATURE OF DOC STAFF CONTACT (Must Be On File With Local SSA Office)

DATE SIGNED

DISTRIBUTION: Original - SSA, Copy - Offender's Social Services File

### SECTION II COMPLETED BY SSA OFFICIAL

Instructions: SSA completes Section II within 30 days of receipt and forwards to the DOC staff who completed Section I.

☐ FORMS NEEDED

☐ SSA-16 ☐ SSA-8000 ☐ SSA-3368 and Two Copies of SSA-827

☐ Other Forms

☐ APPOINTMENT NEEDED

APPOINTMENT DATE

APPOINTMENT TIME

☐ BY PHONE

☐ AT DOC FACILITY

NAME OF SSA CLAIMS REPRESENTATIVE (TYPE OR PRINT CLEARLY)

PHONE NUMBER

SIGNATURE OF SSA CLAIMS REPRESENTATIVE

DISTRIBUTION: Original - Offender's Social Services File

TITLE: Social Security: Processing Inmates' Social Security/SSI Claims--an Advocate's Perspective

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A 3 Hour Training. Legal Action of Wisconsin will be providing a training with regards to social security. LAW Trainers will cover procedural and substantive aspects of the Social Security/SSI disability process, stressing the evidentiary requirements for successful claims.

The training will focus on disability issues for DOC and DCC workers to consider both pre-release and post release. Hints and tips will be provided to help ensure proper benefits initiation, speed up the appeals process, assign appropriate work requirements, identify medical treatment needs, sort out AODA issues and more.

Time is allotted for questions and answers.

# PRISON DISABILITY ASSISTANCE PROJECT PROTOCOL

## SOCIAL WORKER

## LEGAL ACTION

1. Identify potential referrals
  - a. 180 days before release
    - i. HSU only OR
    - ii. MH-2 or MH-3 OR
    - iii. SW discretion
2. Meet with inmate
  - a. Explain the Prison Disability Assistance program
  - b. Complete the following forms:
    - i. Conflict Check Form
    - ii. SSA.3288 - Consent for Release of Info.
    - iii. SSA.2248 - Pre-Release Screening for SSA Benefits
    - iv. SSA.827- Authorization to Disclose Information to the SSA (2 original copies)
3. Email Conflict Check Form to Legal Action
  - a. Hold on to other paperwork
4. Receive Conflict Check Form
  - a. If OK, schedule intake
  - b. If not OK,
    - i. Email SW to do paperwork on their own
5. Intake interview with inmate
  - a. Complete forms:
    - i. LAW Retainer
    - ii. Citizenship
    - iii. LAW releases
    - iv. HSU/PSU releases
    - v. SSA.1696 - Appointment of Representative
    - vi. HOPE Grant Release and Permission
  - b. Give SSA.3368 - Disability Report to inmate to complete on their own
6. Give completed SSA.1696 - Appointment of Representative form to SW
7. Mail paperwork to Social Security field office:
  - a. SSA.2248 - Pre-Release Screening, signed and dated
  - b. SSA.3288 - Consent for Release of Info.
  - c. SSA.1696 - Appointment of Representative
  - d. SSA.827 - SSA.827- Authorization to Disclose Information to the SSA (2 original copies)
8. Leave a signed and dated copy of SSA.2248 in LAW's mailbox to indicate that everything has been sent to Social Security



## PRISON DISABILITY ASSISTANCE PROJECT PROTOCOL

### SOCIAL WORKER

### LEGAL ACTION

9. Open case
  - a. Send letter to the client
    - i. Indicate process
    - ii. Send copies of signed paperwork
10. Collect medical records
  - a. Copy HSU and PSU records (4 months out)
  - b. Complete chronology of medical evidence
  - c. Request outside sources of medical records
  - d. Develop medical evidence
11. Application process
  - a. Begin SSA.3368 - Disability Report online
  - b. Meet with inmate to complete SSA.3368 and other applications if necessary
  - c. Send a letter/ applications to SSA field office with medical evidence
    - i. Indicate that more info is coming
  - d. Telephone interview with SSA
    - i. Application sent to DDB by SSA
12. DDB process
  - a. Contact Disability Determination Bureau to find out who examiner is.
  - b. Submit additional medical evidence
  - c. Submit analysis of disability letter to examiner
  - d. Wait for initial decision
13. One week prior to inmate release, send letter reminding inmate to visit local SSA office with new address and release papers
14. Receive decision
  - a. If negative,
    - i. Review file at SSA
    - ii. Discuss with options with inmate

## FUNCTION REPORT – ADULT INMATE

*How your illnesses, injuries, or conditions limit your activities*

### SECTION A – GENERAL INFORMATION

1. NAME OF DISABLED PERSON (First, Middle, Last)		2. SOCIAL SECURITY NUMBER - -
		3. DATE (Month, Day, Year)
4. SOCIAL WORKER	5. SOCIAL WORKER'S TELEPHONE ( ) - x	6. INMATE NUMBER

7. Where do you live? ☐ Segregation ☐ Single Cell ☐ Double Cell ☐ Barracks

a. If you live in a single cell or segregation, please explain why: \_\_\_\_\_

\_\_\_\_\_

8. Have you had any transfers to the infirmary or WRC? ☐ YES ☐ NO

a. If yes, when and what for? \_\_\_\_\_

\_\_\_\_\_

### SECTION B – INFORMATION ABOUT DAILY ACTIVITIES

#### 1. SLEEP

a. When do you sleep/ nap? \_\_\_\_\_

b. For how long? \_\_\_\_\_

c. Do you have trouble sleeping? ☐ YES ☐ NO

i. If yes, why? \_\_\_\_\_

\_\_\_\_\_

#### 2. RECREATION

a. Do you participate in recreation? ☐ YES ☐ NO

b. If yes, which activities and how often? \_\_\_\_\_

\_\_\_\_\_

c. If the weather is nice, do you go outside? ☐ YES ☐ NO

i. If no, why not? \_\_\_\_\_

## FUNCTION REPORT – ADULT INMATE

### 3. SCHOOL

- a. Do you go to school? ☐ YES ☐ NO
- i. If yes, what kinds of classes? \_\_\_\_\_
- ii. How many hours per week? \_\_\_\_\_
- iii. How well are you doing? \_\_\_\_\_

### 4. TREATMENT

- a. Are you involved in any group treatment, counseling or therapy programs? ☐ YES ☐ NO
- i. If yes, what types? \_\_\_\_\_
- ii. How often? \_\_\_\_\_
- iii. Since when? \_\_\_\_\_
- b. Are you involved in any one-on-one treatment, counseling or therapy programs? ☐ YES ☐ NO
- i. If yes, what types? \_\_\_\_\_
- ii. How often? \_\_\_\_\_
- iii. Since when? \_\_\_\_\_

### 5. OTHER ACTIVITY ISSUES

- a. Are you involved in any other activities at the prison? ☐ YES ☐ NO
- i. If yes, what are they? \_\_\_\_\_
- b. Do you have trouble doing any of the above (*questions B1-B6*)? ☐ YES ☐ NO
- i. If yes, how? \_\_\_\_\_
- c. If you don't participate in any of the above (*questions B1-B6*), please explain why:  
\_\_\_\_\_  
\_\_\_\_\_
- d. Do you need help getting to any of those activities (*questions B1-B6*)? ☐ YES ☐ NO
- i. If yes, what kind of help? \_\_\_\_\_
- e. Do you need reminders about those activities (*questions B1-B6*)? ☐ YES ☐ NO

### 6. PERSONAL CARE (Check here ☐ if you have **NO PROBLEM** with personal care.)

- a. Explain what, if any, problems you have performing the following?
- Dressing \_\_\_\_\_
- Bathing \_\_\_\_\_
- Hair care \_\_\_\_\_

## FUNCTION REPORT – ADULT INMATE

Shaving \_\_\_\_\_

Eating \_\_\_\_\_

Using the toilet \_\_\_\_\_

Other \_\_\_\_\_

- b. Do you need reminders to take care of your personal needs or grooming? ☐ YES ☐ NO

i. If yes, what types of reminders? \_\_\_\_\_

- c. What medications do you take? \_\_\_\_\_

- d. Are you allowed to take your own medication? ☐ YES ☐ NO

i. If yes, do you need help or reminders? ☐ YES ☐ NO

### 7. MEALS

- a. Which meals do you eat with the general population? (circle one) breakfast lunch dinner

b. If none, why not? \_\_\_\_\_

- c. Are you on a special diet? ☐ YES ☐ NO

i. If yes, what type? \_\_\_\_\_

### 8. CHORES

- a. Are you able to keep your cell clean? ☐ YES ☐ NO

i. If no, why? \_\_\_\_\_

b. How often do you clean your cell? \_\_\_\_\_

c. How long does it take you? \_\_\_\_\_

i. Is that longer than the time they give you? ☐ YES ☐ NO

- d. Have you been cited for cell maintenance? ☐ YES ☐ NO

- e. Do you need to be reminded to clean your cell? ☐ YES ☐ NO

### 9. WORK

- a. Do you work at the prison? ☐ YES ☐ NO

i. If no, why not? \_\_\_\_\_

b. What are your job duties? \_\_\_\_\_

c. How many hours do you get paid for? \_\_\_\_\_

## FUNCTION REPORT – ADULT INMATE

- d. What is your rate of pay? \_\_\_\_\_
- e. Do you get any extra help at work? ☐ YES ☐ NO
- i. If yes, what kind of help? \_\_\_\_\_

### 10. SHOPPING AND MONEY

- a. Do you need help requesting personal items like toothpaste, soap, shampoo? ☐ YES ☐ NO
- b. Do you need help at the canteen? ☐ YES ☐ NO
- c. Are you able to manage your prison account? ☐ YES ☐ NO
- d. Can you count change? ☐ YES ☐ NO

### 11. HOBBIES AND INTERESTS

- a. What hobbies or interests do you do while in prison? \_\_\_\_\_
- i. How often? \_\_\_\_\_
- b. Do you have any problems or difficulty doing your hobbies or interests? ☐ YES ☐ NO
- i. If yes, how? \_\_\_\_\_

## SECTION C – INFORMATION ABOUT ABILITIES

### 1. Do you have any trouble doing any of the following?:

- |                   |                              |                             |  |
|-------------------|------------------------------|-----------------------------|--|
| a. Lifting        | <input type="checkbox"/> YES | <input type="checkbox"/> NO | If yes, how many pounds can you lift? _____                |
| b. Standing       | <input type="checkbox"/> YES | <input type="checkbox"/> NO | If yes, how long can you stand before resting? _____       |
| c. Walking        | <input type="checkbox"/> YES | <input type="checkbox"/> NO | If yes, how far can you walk before resting? _____         |
| d. Sitting        | <input type="checkbox"/> YES | <input type="checkbox"/> NO | If yes, how long can you sit? _____                        |
| e. Stair climbing | <input type="checkbox"/> YES | <input type="checkbox"/> NO | If yes, how many stairs can you climb before resting? ____ |
| f. Concentration  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | If yes, how long can you concentrate? _____                |
| g. Squatting      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |  |
| h. Bending        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |  |
| i. Reaching       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |  |
| j. Kneeling       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |  |
| k. Talking        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |  |
| l. Hearing        | <input type="checkbox"/> YES | <input type="checkbox"/> NO | If yes, do you wear a hearing aid? _____                   |
| m. Seeing         | <input type="checkbox"/> YES | <input type="checkbox"/> NO | If yes, do you wear glasses? _____                         |
| n. Memory         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |  |

## FUNCTION REPORT – ADULT INMATE

- i. If yes, what types of things do you have trouble remembering? \_\_\_\_\_
- o. Completing tasks ☐ YES ☐ NO
- p. Understanding ☐ YES ☐ NO If yes, do you ask for help? \_\_\_\_\_
- q. Following instructions ☐ YES ☐ NO
- i. If yes, how well do you follow written instructions?(circle one) Good Fair Poor Not at all
- ii. If yes, how well do you follow spoken instructions?(circle one) Good Fair Poor Not at all
- r. Using hands ☐ YES ☐ NO
- s. Getting along with others ☐ YES ☐ NO
- i. How well do you get along with authority figures?(circle one) Good Fair Poor Not at all
- ii. How well do you get along with other inmates? (circle one) Good Fair Poor Not at all
- iii. Have you been sent to segregation or received conduct reports for not getting along with other inmates or guards? ☐ YES ☐ NO
2. What happens to you when you are under stress? \_\_\_\_\_
3. What happens to you when there is a change in your routine? \_\_\_\_\_
4. Do you have any unusual behaviors or fears? \_\_\_\_\_
5. Do you use any of the following?
- |                  |                              |                             |                         |                              |                             |
|------------------|------------------------------|-----------------------------|-------------------------|------------------------------|-----------------------------|
| a. Crutches      | <input type="checkbox"/> YES | <input type="checkbox"/> NO | f. Artificial limb      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Walker        | <input type="checkbox"/> YES | <input type="checkbox"/> NO | g. Hearing aid          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. Wheelchair    | <input type="checkbox"/> YES | <input type="checkbox"/> NO | h. Glasses              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. Cane          | <input type="checkbox"/> YES | <input type="checkbox"/> NO | i. Artificial voice box | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Brace/ splint | <input type="checkbox"/> YES | <input type="checkbox"/> NO | j. Other                | _____                        |                             |
- k. If you answered YES to any of the above, when do you use these aids? \_\_\_\_\_
6. How long did it take to complete this form? \_\_\_\_\_
7. Did anyone help you complete it? ☐ YES ☐ NO
- a. If yes, who? \_\_\_\_\_

### SECTION D – REMARKS



## PROFESSIONAL CONTACT QUESTIONNAIRE

To: \_\_\_\_\_

Re: \_\_\_\_\_

SSN: \_\_\_\_\_

Please answer the following questions regarding your experience with the above named client. Do not hesitate to attach an additional sheet if you run out of space on the questionnaire.

1. What is your relationship to the client? \_\_\_\_\_

a. How long have you known the client? \_\_\_\_\_

b. How often do you meet with the client? \_\_\_\_\_

c. Where do you see the client? (*your office, his/her home, etc.*) \_\_\_\_\_

2. Does the client have any trouble remembering, understanding or carrying out instructions or procedures? ☐ YES ☐ NO

a. If yes, please give examples: \_\_\_\_\_

3. Is the client able to maintain attention and concentration for extended periods? ☐ YES ☐ NO

a. If no, please explain: \_\_\_\_\_

4. Does the client have any trouble maintaining regular attendance, performing activities within a schedule or being punctual? ☐ YES ☐ NO

a. If yes, please give examples: \_\_\_\_\_

5. Is the client able to make decisions? ☐ YES ☐ NO

a. If no, please describe: \_\_\_\_\_



6. Is the client able to interact appropriately with the general public? ☐ YES ☐ NO

a. If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

7. Is the client able to ask simple questions or request assistance? ☐ YES ☐ NO

8. Does the client maintain socially appropriate behavior and adhere to basic standards of cleanliness and neatness? ☐ YES ☐ NO

a. If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Is the client able to accept criticism or instructions appropriately? ☐ YES ☐ NO

a. If no, please give examples: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Is the client aware of normal hazards and able to take appropriate precautions? ☐ YES ☐ NO

11. Is the client able to travel in unfamiliar places or use public transportation? ☐ YES ☐ NO

12. Can the client set realistic goals or make plans independently of others? ☐ YES ☐ NO

13. Is the client able to perform work-related duties at a consistent pace without an unreasonable number or length of rest periods? ☐ YES ☐ NO

a. If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Is the client able to complete a normal workday or workweek without interruptions from psychologically based symptoms? ☐ YES ☐ NO

a. If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Does the client display any unusual or inappropriate mannerisms or thinking? (*agitation, nail biting, restlessness, listlessness, apathy, bizarre thought, crying, etc.*) ☐ YES ☐ NO

a. If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. How does the client relate to you? (*outgoing, withdrawn, hostile, cooperative, etc.*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. In the course of your contact has the client:

- a. Indicated that he/she has difficulty sleeping? \_\_\_\_\_
- b. Ever appeared fatigued? \_\_\_\_\_
- c. Commented on appetite for food or appeared to have lost/gained weight? \_\_\_\_\_  
\_\_\_\_\_

18. Do the client's life and/or relationships appear to be adversely affected by his/her mental state?

☐ YES ☐ NO

a. If yes, please discuss: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Please provide any other information or comments you feel are pertinent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Address: \_\_\_\_\_

